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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	orations.							
SUBJECT:	MERCURY	MGMT LLC							
SUBJECT:		Name of Lin	nițed Li	ability Compan	y	14	-		
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		mendment and fee(s) are su		_					
Please return	all correspon	dence concerning this matte	r to the	following:					
-		DAVID MERCADANTE	E	·					
				Name of Perso	n	,,•			
				Firm/Compan	у		_		
		11201 HESS WAY							
				Address					
		OXFORD, FL 34484							
			City	/State and Zip	Code				
		dave.mercadante@thevilla			·····			23	
		E-mail address:	(to be u	sed for future a	nnual report noti	fication)		B	æ
For further in	nformation con	ncerning this matter, please	call:				HE SE	2018 FEB 20	•
DAVID ME	RCADANTE			352 at (638-1261		135S 785A		
	Name of	Person		Area Code	Daytim	c Telephone Numl	per FLOR	P 12: 03	
Enclosed is a	check for the	following amount:					50°	تن	
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Certified Co (additional copy	ру	Certifi	Filing Fe cate of Se ed Copy nal copy is	tatus &	
	Registrat	NG ADDRESS: Revision Section of Corporations	Fien	Keg	REET/COURI				
	P.O. Box				fton Building				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERCURY MGMT LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 11/24/2015	and assigned
Florida document number L15000200667	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
DAVID VINCENT MERCADANTE LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	·
• •		
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	· ·	7 2
B. If amending the registered agent and/or	registered office address on our records, e	nter the name of the no
registered agent and/or the new registered offic		20 N
Name - CNI Devistant A. A		TO F
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	, Florid	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		1
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Filing Fee: \$25.00