

L15000207280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

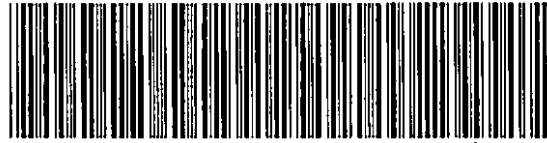
Certificates of Status _____

Special Instructions to Filing Officer:

2017 OCT -5 AM 9:31

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10/06/17--01003--011 **25.00

DIVISION OF REVENUE

17-OCT-23 PM 3:54

FILED

OCT 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2017

MARIA AZEREDO
9300 NW 25TH ST
STE 109
DORAL, FL 33172

SUBJECT: MERYBAR LLC
Ref. Number: L15000207286

We have received your document for MERYBAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

pPlease indicate if you are removing or changing member listed on page 2 of application

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00020282

2017 OCT 23 PM 3:43

MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERYBAR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA AZEREDO

Name of Person

TAXES & ACCOUNTING SOLUTIONS

Firm/Company

9300 NW 25TH ST STE 109

Address

DORAL FL 33172

City/State and Zip Code

MAZEREDO@TASMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA T AZEREDO

305 4181585
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MERYBAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/11/2015 and assigned
Florida document number L15000207286.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11455 SW 40TH ST

#138

MIAMI FL 33165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11455 SW 40TH ST

#138

MIAMI FL 33165

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TAXES AND ACCOUNTING SOLUTIONS CORP.

New Registered Office Address:

9300 NW 25 ST # 109

Enter Florida street address

DORAL

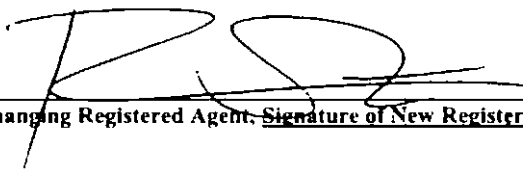
City

Florida 33172

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
17 OCT 23 PM 3:54
DIVISION

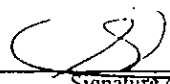
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 09/28, 2017



Signature of a member or authorized representative of a member

Clayreth Josepina Guyo - CLAYRETH Josepina Guyo

Typed or printed name of signee