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J. HARRIS

## COVER LETTER ,

TO: Registration Sect Division of Corpo			
SUBJECT: MORA	NAIDS OF 30 / Name of Limi	A LL C ted Liability Company	
	mendment and fee(s) are subr	-	
Please return all correspond	dence concerning this matter t	to the following:	
	Lino	A WICKER Name of Person	
	Mermaios	J 30A LC Firm/Company	
	554 Stil	LWATER Rd.	
	_Freeport	Fc 32439 City/State and Zip Code	
	pearla me E-mail address: (t	Fc 32439 City/State and Zip Code RMA105 of 30 A. Co to be used for future amplial report notifical	20m (tion)
For further information cor	ncerning this matter, please ca	all:	
LINDA Name of I	Wicker	at ( <u>\$50</u> ) 7/2 -5 Area Code Daytime To	elephone 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

MERMAI QS (Sh :	50A, LLC		
( <u>Name of the Limited Limity Co</u> (A Florida Limit	mpany as/it now appears on our i ted Liability Company)	records.	
The Articles of Organization for this Limited Liability Comparison document number $\frac{L 16000093/8}{}$ .	any were filed on	ous/3,2016	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviate	on "L.L.C."
Enter new principal offices address, if applicable:			~
(Principal office address MUST BE A STREET ADDRESS	)		EJTS GRACINA
			CO renewer
		55.1 55.1	က ရို
Enter new mailing address, if applicable:		mi	TO PARTY
(Mailing address MAY BE A POST OFFICE BOX)		三 第11	₽ .
		<u> </u>	ပ္သ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		cords, <u>enter the n</u>	ame of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street o	address	
		_, Florida	<del></del>
	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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda Wicker	554 Stillwater Rd. FREEPORT, FL 32439	<b>⊠</b> Add
		FREEPORT, FL 32439	□ Remove
			Change
			□ Add
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Filing Fee: \$25.00