L16000023140

(Re	equestor's Name))
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	■ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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1024 SEP 16 PM 2: 4.

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	MERIC MIR	LABELLA UL			
	Name of Li	mited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspor	ndence concerning this matte	r to the following:			
	Sam	el CoHen			
	עפא	Name of Person	1		
		is MRABELLA Firm/Company			
	10763	BUACKHAWK Address	57		
	PLI	ANTATION, FL City/State and Zip Code	33324		
		City/State and Zip Code			
For further information co	E-mail address:	(to be used for future annual repo	rt notification)		
Name of	Person	at () Area Code D	Paytime Telephone Number	_	
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	(additional cop	of Status & py y is enclosed)	
you received	s (Heck on	previous con	erespondance	(224A0001	
Mailing Address	:	Street Addre		(22440001	953
Registration S		Registratio			
Division of Co	orporations	Division of	Corporations		
P.O. Box 6327		The Centre	of Tallahassee		
Tallahassee, F	L 32314	2415 N. M	onroe Street, Suite 810		

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2024

SAMUEL COHEN 10763 BLACKHAWK ST PLANTATION, FL 33324

SUBJECT: MERIS MIRABELLA LLC

Ref. Number: L16000023140

We have received your document for MERIS MIRABELLA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 224A00019534

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MERIS NIE	Abella	110	2024 SEP 16 PM 2: 46
(Name of the Limited Liability Compan (A Florida Limited L	_	on our records.)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on L	600002	
Florida document number 01/13 /2016	4		-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	2:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	ignation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		_/_	· · · ·
	<u> </u>	/	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		_/	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florid /	a street address	
	City	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City .		zy com
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and I apter 605, F.S.	am familiar with and Or, if this document is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address			Type of Action
MGR	MERCEDES	Hayon	10763	BUACKHAWI	(S)	_XAdd
		Copen	PLANTA	TION, FL	33324	□Remove
						□Change
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Effective	date, if other thai	the date of fili	ng:		(optional)	
If an effectiv <u>Note:</u> If th	ve date is listed, the dat	e must be specific at his block does not	nd cannot be prior to date meet the applicable st	of filing or more than 90 da atutory filing requirement	rys after filing.) Pursua nts, this date will no	nt to 605.0207 t be listed as
e record sp rd is filed.	ecifies a delayed eff	fective date, but no	ot an effective time, at	12:01 a.m. on the earlie	r of: (b) The 90th o	day after the
	C 0 10 T	09	2024	2a	A	
Dated	SEPT					
Dated	<u> </u>	Signature of a	a member or authorized re	presentative of a member	vel com	

Filing Fee: \$25.00