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(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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08/17/17--01019--029 **25.00

COVER LETTER

TO: Registration Se Division of Cor			
MT MA	ANAGER LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	A.J. Ripin		
		Name of Person	
	_Merging Traffic,	LLC Firm/Company	
	7189 Lake Islan	d Drive	<u> </u>
	Lake Worth, FL	33467 City/State and Zip Code	
	aj@mergintraffid	C.COM To be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	alt:	
AJ_Ripin_ Name o	f Person	at (<u>561-846-1096</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
X \$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

B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Flor	ida Zip Code
registered agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address	
registered agent and/or the new registered office address here Name of New Registered Agent:		
registered agent and/or the new registered office address her	<u>. </u>	
registered agent and/or the new registered office address her	<u>·</u>	
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(Mailing address MAY BE A POST OFFICE BOX)		Was 2 L
Enter new mailing address, if applicable:		AHAS:
	Orlando, FL 32827	TALL THE
(Principal office address MUST BE A STREET ADDRESS)	Suite 100	
Enter new principal offices address, if applicable:	6555 Sanger Road	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
This amendment is submitted to amend the following:		
Florida document number <u>L16000044711</u> .		
The Articles of Organization for this Limited Liability Company	were filed on03/03/2016	and assigned
	Liability Company)	,
(Name of the Limited Liability Compa (A Florida Limited)	7 7 77 78	

If Changing Registered Agent, Signature of New Registered Agent

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 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
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			Add
			Remove
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			☐ Remove
			Change

	SECTIAL	
	AUG 17 LLAHASSEE	-
	17 SSEE	1
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	AM SP 57	
rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 te: If the date inserted in this block does not meet the applicable statutory filing requirement seffective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0 ents, this date will not be listed	020 d a:
record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	L2:01 a.m. on the earlier	ro
Signature of a member of authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00