

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Entity (Marie) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2018

JEFFREY QUINN 43 NORTH DRIVE KEY-LARGO, FL 33037

SUBJECT: MERQUINN CAPITAL LLC

Ref-Number: L16000076083

We have received your document for MERQUINN CAPITAL 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):

Chapter 605; Florida Statutes, does not allow limited liability companies to issue Shares for, stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise a Please delete any references to terms such as "shares," stock, "stockholders, "shareholders, or

lyou have any questions concerning the filing of your documents please call (850) 245-6051

Octavia LSimmons Regulatory Specialist III.

etter Number: 218A00009601

ision of Corporations

COVER LETTER

TO:

Registration Section

| Division of Corporations |
|--|
| SUBJECT: MERQUINN CAPITAL, 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: |
| JEFFREY QUINN |
| |
| Furn/Company |
| H3 NORTH DRIVE Address KEY LARCO, FL 33037 City/State and Zip Code |
| Address 7 7 7 |
| KEY LARCO, FL 35637 |
| JJQZZEYAMOD. COM E-nual address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| ANDY SIEGERMAN at (954) 796-4050 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Dayume Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Tallanassee, FL 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MERQUINN CAP | ITAL, LLC | |
|--|---|--|
| MERQUINN CAP (Name of the Limited L (AF | iability Company as it now appears on lorida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liabil Florida document number | ity Company were filed on <u>AP</u> 60₹3 | CL 2.11, 20H and assigned |
| This amendment is submitted to amend the following | ng: | / |
| A. If amending name, enter the new name of the | limited liability company here: | * |
| OUINNESSENTIA The new name must be distinguishable and contain the words | L CAPITAL | LLC |
| The new name must be distinguishable and contain the words | Chilled Liability Company, the design | nation ELC of the apprevation E.E.C. |
| Enter new principal offices address, if applicable | :: | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| | | A STATE OF THE PARTY OF THE PAR |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | ΚΩ | TLORDA 2. 12 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | ~ | r records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida s | treet address |
| | | , Florida |
| - - | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| n effectiv <u>te:</u> If th | e date is listed, th e date inserted | than the date e date must be spe in this block do on the Departm | ecific and cannotes not meet t | ot be prior to da: he applicable : | te of filing or more statutory filing re | (option than 90 days after fequirements, this | nal) Hing.) Pursuant to 605.02 date will not be listed t |
| record he 90t | specifies a th day after | delayed effection the record is | ctive date, filed. | but not an | effective tim | e, at 12:01 a. | m. on the earlier |
| | 1. | 30 | ė | 2018 | | | |

Page 3 of 3

Filing Fee: \$25.00