

L16 0000 88816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

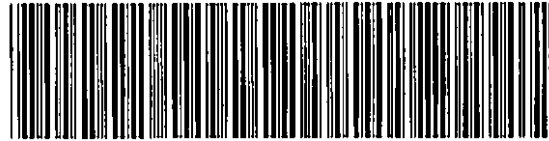
(Business Entity Name)

(Document Number)

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2020 JUL 29 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FL

D BRUCE  
SEP 19 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERICANI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSHUA JORTIZ

Name of Person

MERICANI LLC

Firm Company

5591 SW 114TH AVENUE

Address

COOPER CITY FLORIDA 33330

City State and Zip Code

alpo.mericani@gmail.com

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

For further information concerning this matter, please call.

JOSHUA JORTIZ

305

748-8372

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET  
TALLAHASSEE, FL

2020 JUL 29 AM 8:26

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

MERICAN 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 05-01-2016 and assigned  
Florida document number 116000088816

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)

5591 SW 114TH AVENUE

COOPER CITY FLORIDA 33330

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5591 SW 114TH AVENUE

COOPER CITY FLORIDA 33330

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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**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>         | <u>Address</u>                        | <u>Type of Action</u>                      |
|--------------|---------------------|---------------------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Joshua Ortiz</u> | <u>5591 SW 14<sup>th</sup> Avenue</u> | <input checked="" type="checkbox"/> Add    |
|              |                     | <u>Cooper City, FL 33330</u>          | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input checked="" type="checkbox"/> Change |
|              |                     |                                       | <input type="checkbox"/> Add               |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |
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|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |
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TALLAHASSEE FL

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(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)

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.

Joshua Ors  
Signature of a member or author

Signature of a member or authorized representative of a member

Typed or printed name of signee