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COVER LETTER

	gistiation Secvision of Corp		• • •			
SUBJECT.		ND MERINO PROPERTIES	S LLC			
SUBJECT:		Name of Lim	ited Liability Company	,		
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			
		KELVIN MORENO				
			Name of Person			
		MORENO AND MERINO	O PROPERTIES LLO			
			Firm/Company		 	
		17 VIRGINIA CIRCLE				
			Address			
		VENUS, FL 33960				
		,	City/State and Zip C	ode		
		RYAN@BEASLEYBRYA	NTCPA,COM to be used for future an		4'	
		· ·		пиат герогі попітса	uon <i>)</i>	
For further i	nformation cor	ncerning this matter, please co	all:			
RYAN BEA	ASLEY, CPA		863 at (646-1373	74	
	Name of I	Person	Area Code	Daytime Te	elephone Numbers	Parameter and
Enclosed is	a check for the	following amount:				171
\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Cop (additional copy)	у	Sectificate of Statos Certificate of Statos Certified Copy (additional copy is enclosed)	3 & 5 & 5

MAÎLING 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

MURENO AND MERINO PROPE	
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L16000089112	
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rahlar
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u></u>
B. If amending the registered agent and/ registered agent and/or the new registered of	for registered office address on our records, enter the name of the new
Name of New Registered Agent:	BEASLEY BRYANT & COMPANY CPA'S P.A.
New Registered Office Address:	4940 SOUTHFORK DRIVE
	Enter Florida street address
	LAKELAND , Florida 33813
	City Zip Code
New Registered Agent's Signature, if changing I	
provisions of all statutes relative to the propaccept the obligations of my position as regi.	ed agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability

Page 1 of 3

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
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			☐ Remove
		<u> </u>	
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			□ Remove
			Add
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			☐ Change
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Tective date, if other an effective date is listed,	the date must be sp	ecific and cannot	be prior to date	of filing or more	than 90 days at	tional) ter filing.) Pur	suant to 605.02
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record specifies The 90th day afte	r the record is	s filed.	out not an e	rrective tin	ie, at 12:01	. a.m. on t	ne earlier
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