

L16000115521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

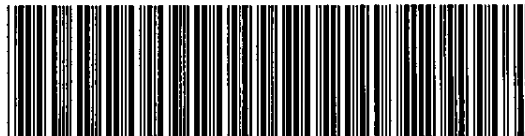
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500290987255

500290987255
10/14/16--01003--008 **25.00

SECRETARY OF STATE
ALBANY, NEW YORK
10/13/16 2:01 PM

FILED

RECEIVED
16 OCT 13 PM 4:03
SUFFICIENCY OF FILING

S Warren

OCT 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Merceys Care 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:

Shanika Brown
Name of Person
New Merceys Care LLC
Firm/Company
1458 Rustling Pines Blvd.
Address
Midway Florida 32343
City/State and Zip Code
Newmerceyscarellc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanika Brown at (850) 570-9994
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

New mcrays care

(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 06-15-16 and assigned
Florida document number LLC000115521

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

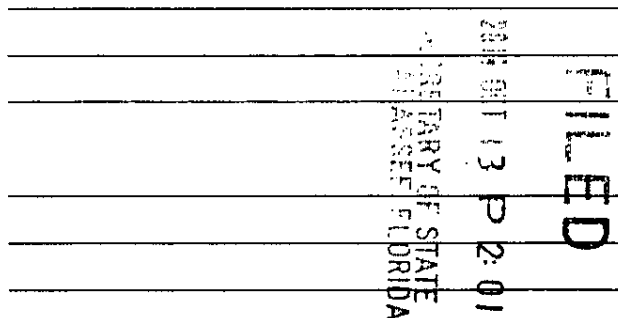
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)



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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nitrell Cline	317 mabry st. #1212 tallahassee Fl. 32304	☐ Add
			☒ Remove
			☐ Change
AMGR	Jerry Perodini	317 mabry St. #1212 tallahassee Fl. 32304	☐ Add
			☒ Remove
			☐ Change
MGR	Shanika Brown	1458 Rustling Pines Blvd midway Fla. 32343	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☒ Change

FILED
JAN 13 2011
CLERK OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 13, 2016

Shamir Brown

Signature of a member or authorized representative of a member

Shanika Brown

Typed or printed name of signee

FILED
2013 OCT 23 P 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA