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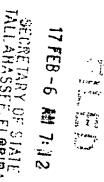
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### **COVER LETTER**

Division of Cor		•	
SUBJECT: MEY	laids House Ke	eping of the Pa	em Blaches LLC
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Noed F	Name of Person	Aggree 1
	MerMaids Hou	se Keoping of the F	30m Beaches LLC
	18029 Anche	Address	
	Jupiter	FI 53468 City/State and Zip Code	<del></del>
where the state of	Knethridge E-mail address: (1	88000 COM to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
NOR ETY Name o	f Person	at ( <u>5(01</u> ) 311 — Area Code Daytime	EJU3 Telephone Number
Enclosed is a check for the	ne 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

Mer Mards House Veryn of the Polyn Beaches LLC
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed or	1 9/2(0) 20(0 and assigned
Florida document number 9/26/2016.	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y 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	s 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:	
Ente	r Florida street address
	, Florida S
City	72p Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performancs accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I have company has been notified in writing of this change.	e of my duties, and I am Jamilid with and in Chapter 605, F.S. Or, if this document is
If Changing Pagistan	ed 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 **Type of Action Address** Title Name Moel Ethridge ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

Effective date, if other than the date of filing:  [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 Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  AN  Signature of a member or authorized representative of a member	
Effective date, if other than the date of filing:	
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The 90th day after the record is filed.  Dated $\frac{31}{400}$ , $\frac{2017}{400}$ .	605.020 listed a
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Signature of a member or authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00