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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Merr	YMAN Rental Name of Limi	red Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Patrick	Merry man	
	Merryman 1	Conta Properties	LLC
	5140 SE	FLONT AVE Address	
	STUART	FL 34997 City/State and Zip Code ryman Rental Propertie	
	Patrick @ Mer	ryman Rental Properto	es LLC. Com
For further information con	cerning this matter, please ca	•	anon
<i>a</i>	_	at (772) 6/8 ~ C Area Code Daytime	7483 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

2017 AUG 28 AM 11: 45

The Articles of Organization for this Limited Liability Company were filed on $\frac{10/14/2016}{}$ and assigned Florida document number L 16 000 190 781 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 "L.L.C" or the abbreviation "L.L.C." 5929 S.E. Federal Highway Sturt, FL, 34997-7871 PMB#5 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5929 S.E. Federal Highway Stuart, FL, 34997-7871 PMB#5 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: 5929 S.E. Federal Highway PMB #5 New Registered Office Address: Stuart . Florida 34997 - 7871

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PATRICK MERRYMAN	5929 S.E. FEDERAL HWY	🖸 Add
		7MB#5	
		STUART, FL 34997-7871	Change
			☐ Remove
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			Change
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			Remove
			☐ Change

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(If an e Note:	tive date, if other than the date of filing: $8/28/2017$ (optional) ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 8 / 25 . 2017 .
	144 1/h 10-
	Signature of a member or authorized representative of a member Patrick Merryman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00