Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000194006 3)))



моловой **Радов здяст**А

ote: DO	NOT hit the REFRESH/RELOAD button on your browser from Doing'so will generate another cover sheet.	om this page. 2020 JU
To:	Division of Corporations Fax Number : (850)617-6383	N 24 AM
From:	Account Name : EXPRESS CORPORATE FILING SERVICE INC Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977	AUSTAILS STAILS 3 - E

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERRYMAX SEGOVIAN LLC

	1
Certificate of Status	J U
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

JuHelp 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERRYMAS	L JEGOVI	ION X	(LC		
MERRYMA 3 Range of the Lymited Clability (A Florida 1	Company as it flow appear Limited Liability Company)	rs on our record	<u>ls.</u>)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	12./00	/2016 an	d assign	æd
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company h	ere:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the c	lesignation "LLC	or the abbreviation	n "L.L.C	· ·
Enter new principal offices address, if applicable:			7 <u>2</u> 2	202	
(Principal office address MUST BE A STREET ADDRI	<u> </u>		<u> </u>	ر 0	·
			100	<u>₹</u>	
			00 - 7 - 77 - 1 - 70 - 7	13	
Enter new mailing address, if applicable:	*****				!
(Mailing address MAY BE A POST OFFICE BOX)			93	6 0	; ;
	 		्रान	<u>.0</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, <u>enter</u>	the name of the	new re	gistered
Name of New Registered Agent:					
New Registered Office Address:	Enter Floi	rida street addres	W		4858 18-18- A486A
		, Fle	orida	lode	
	Cuy		Zip C	lode.	
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 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

Title	Name	Address	Type of Action
MGR	JAMES M. HA/E	8110 SW 102 ST MIAMI FC. 33156	b £Add
			①Add
			(]Remove
			CJChange
			□Add
			Change
			□Remove
			□Change
			DAdd
			□Кенкус
		<u></u>	□Change
Maringay and the State of the S			🗀 Add
			□Remove
			Clones

r. Hau	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: O3/O/200 (optional) Rective 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 (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.
the reco	ord 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 filed.
Dated	June 22 2020.
	Roden English
	Signature of a member or authorized representative of a member Braden Esway
	DYUMEN LSWOW

Typed or printed name of signee