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2023 FEB 13 PH 2: 46 SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration So Division of Co					
	WELOPMENT LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JACOB MYER				
		Name of Person			
	MYER DEVELOPMENT	LLC			
		Firm/Company			
	1922 SE 13TH STREET			2023 SEC TA	
		Address		3FE ALL	~~
	OCALA, FL 34471			FEB 13 PRETAGE	6 ()
		City/State and Zip Code	 -	~ ~ ~	***
	MYERDEVELOPMENT@			17 mm mm 17	ilez.
		to be used for future annual report notificatio	n)	PH 2: 46 CF S FAE XY E FE	
For further information c	concerning this matter, please c	an:			
JACOB MYER		352 812-9953 at ()			
Name o	of Person		phone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Address Registration : Division of C	Section Corporations	Street Address: Registration Section Division of Corpora	tions		
P.O. Box 632 Tallahassee		The Centre of Tallah		10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYER DEVELOPMENT LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 01/04/2017 and assigned
lorida document number 1.17000003238	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability	ty company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	:0 22
Principal office address MUST BE A STREET ADDRESS)	EC:
	in the state of t
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	710 2
	16
•	
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
rest registered entire routess.	Enter Florida street address
	Florida
	City Zin 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>	<u>Name</u>	Address	Type of Action
MGR	Clinton Christopher Schweers	744 NE 26th Terrace Ocala, FL 34470	🗆 Add
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			□Change
			
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Effective date, if other than t fan effective date is listed, the date n Note: If the date inserted in this	nust be specific and canno					
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Filing Fee: \$25.00