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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT MER	NTC PROPER:	TIES, LLC	
SUBJECT:	NIC PROPERS	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Nicolas 1	A. Fabregas  Name of Person	
		Firm/Company	
	PO BOX	847	
	Marco Bi	City/State and Zip Code	46
		City/State and Zip Code	
	LADYMER	to be used for future annual report notif	tontion)
			саноп
For further information cor	icerning this matter, please ca	all:	
Mercedes.	M. Fabregas	at ( <u>917</u> ) <u>721 -</u> Area Code Daytime	-/23/
Name of I	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:		Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERNIC PR	OPERMO	ES, LLC	
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial Florida document number <u>L 17000010</u> This amendment is submitted to amend the follow	bility Company 2 <u>503</u> .		and assigned
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:	
The new name must be distinguishable and contain the work  Enter new principal offices address, if applical  (Principal office address MUST BE A STREET)	ble:	lity Company," the designation "LLC" or the abundance of	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Po Box 847 Marco Island, FL 3	34146
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:			1
New Registered Office Address:	1224	Manado Drire	<del></del>
	Naples	Manado Drire  Enter Florida street address  Florida	34/18: Zip Code =
		City	Zip Gode 😅

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
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			□Remove
			□Change

r <del>-</del>	
-	
'andiara d	late, if other than the date of filing: (optional)
n effective <u>te:</u> If th	late, if other than the date of filing:
cord spe s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	5/27/21
	Much fally
-	Signature of a member or authorized representative of a member
	Mercodes M. Farbregas  Typed or printed name of signee
	Mercares M. Tabregus