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FILED
2017 APR 21 PM 1: 36
SECRETARY OF STATE

K. SALY APR 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mertz Strategies LLC Name of Lippided Liability Company
<i>U</i>
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alan Mertz
Mertz Strategies, LLC Firm/Company
Mertz Strategies, LLC Firm/Company 2757 Tibron Blvd, Unit 301 Address
Naples FL 34109 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alau Mer 17 at (202) 25/-2293 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$ \$\ \text{Certified Copy} \\ \text{(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

ARTICL	TO ES OF ORGANIZATION OF		FILED 2017 APR 21 PM 1.36
MERTZ S (Name of the Limited Lia (A Flo	TRATE6 JES bility Company as it now appears o rida Limited Liability Company)	nour records.)	SECRETARY OF STATE ALAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on A	or: 17, 20	17 and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here	:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BOX)</u>			
3. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Alan Mei		
New Registered Office Address:	2757 Tiby	con Blve street address	1, Unit 301
	Naples	, Florida	~ .

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

or removed from our records: FILED 2017 APR 21 PM 1:36 MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** ☐ Add □ Remove _□ Change □ Add _□ Change ☐ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove _ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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n effec o te: If	e date, if other than the date of filing: April 4 2014 (optional) tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier loth day after the record is filed.
ted	April 14, 2017.
	Alun Methorized representative of a member
	A
	/lan Mart-

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Filing Fee: \$25.00