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# **COVER LETTER**

Division of Corporations
SUBJECT: MCYAKi Strategic GROUP, W.C.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Afficies of Amendment and fee(s) are sublimited for ming.
Please return all correspondence concerning this matter to the following:
Jennifer Evans Name of Person
Meraki Strategic Group, hhc.
8707 Silk Bay Place
OR (and D) FW 32827  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifty FVans  at (1023) (10010 - 51101)  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$Certified Copy (additional copy is enclosed)\$  \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)\$

## MAILING ADDRESS:

**Registration Section** 

TO:

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

Meraki Stration (Name of the Limited Lia) (A Flo	ility Company as it now appear ida Limited Liability Company)	son our records.)	) ,
The Articles of Organization for this Limited Liability Florida document number 1700101		15/08/2017	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "I	imited Liability Company," the d	esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			ina. 100
(Principal office address MUST BE A STREET AD.			
Trincipal office address MOST BE A STREET AD.	<u></u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			3. 3.2 
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter	the name of the new
Name of New Registered Agent:  New Registered Office Address:	ennifer Eve 8707 Silk Enter Flor OR Lando City	BOUS BOUPLO ida street address , Florida	32827 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	tennifer Evans	8707 Silk Bay Pl. OR (and D, Fr 32827	tddd
			Remove
			Change
AMGR	tennifer Evans	8707 Silk Bay Pl. Orlando, FL 32827	Add
		orlando, FU 32827	Remove
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Filing Fee: \$25.00