## 117000121723

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S. WARREN 'JUL 0 5 2017

## **COVER LETTER**

SUBJECT	Meraki Sale	es and Training, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Amber Scarbrough		
			Same of Limited Liability Company  c(s) are submitted for filing.  this matter to the following:  sugh  Name of Person  nd Training, LLC  Firm/Company  n Place  Address  22  City/State and Zip Code  aii address: Ito be used for future annual report notification)  er, please call:  at (	
	Name of Limited Liability Company  seed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Amber Scarbrough  Name of Person  Meraki Sales and Training, LLC  Firm/Company  13193 NW 97th Place  Address  Ocala, F1, 34482  City/State and Zip Code  E-mail address: (to be used for fitture annual report notification)  er information concerning this matter, please call:  carbrough  Name of Person  Area Code  Daytine Telephone Number  is a check for the following amount:  10 Filing Fee  Certificate of Status  Certified Copy  Ladditumal copy is enclosed)  Certified Copy  Ladditumal copy is enclosed)			
			Firm/Company	<del></del>
	Firm/Company  13193 NW 97th Place  Address			
			Name of Person  ki Sales and Training, LLC  Firm/Company  3 NW 97th Place  Address  i. F1, 34482  City/State and Zip Code	
		Ocala, F1, 34482		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Amber Sc	arbrough			
	Name of	l'Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

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 Sales and Training, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our recommitted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on June 5, 2017	and assigned
Florida document number 1.17000121723	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ds, enter the name of the new
The second secon		
Name of New Registered Agent:		
	<del></del>	<del></del>
New Registered Office Address:	Enter Florida street addr	PSS
<del></del>	, F , F	lorida Zip Code
New Registered Agent's Signature, if changing Registered .	Agent:	·
I hereby accept the appointment as registered agent ar		further waree to comply with the
provisions of all statutes relative to the proper and con-		
accept the obligations of my position as registered age		
being filed to merely reflect a change in the registered	office address. I hereby confirm to	hat the limited lia <del>ķil</del> ity

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
MGR	Amber Scarbrough	13193 NW 97th PL	
		Ocala, FL 34482	□ Remove
			Change
			□ Remove
			Change
		<u> </u>	
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			Remove  17  Add PH  Remove  18  10  Remove
			Change

	dd Amber Scarb	orough as Autho	orized Person or ————————————————————————————————————	ı SunBiz websit	e for bank accoun	ŧ.	
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Iffective date.	if other than	the date of fil	ing:		or more than 90 days	optional)	
					or more than 90 days Tiling requirements		
			of State's record		ining requirement	or this time of the	
	ecifies a dela ay after the i			ot an effectiv	ve time, at 12:	01 a.m. on t	he earlier o
June 29			2017				
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Dated	/	and (	n			77. / 3 <b>-</b>	ال 7
Dated	r		1 1			· .	<u></u>
Dated		Signature of	a member or ant	norized representa	ntive of a member		
Dated		Signature of	a member or aut	horized represents	ative of a member	** ** .	<u>ا</u> ا

Page 3 of 3

Filing Fee: \$25.00