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SECRETARY OF STAIL

COVER LETTER

TO: Registration Division of C			
SUBJECT:	<u> Meraki Pr</u> Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Kail	a Walker Name of Person	
		Firm/Company	
	96561	Avellino Aver	nuc Apt. 7302
	Orlando	FL 328	19
	E-mail address: (to be used for future annual report notific	Caila. Com
For further information	n concerning this matter, please co	all:	_
Kailau	Dallar e of Person	at BU Daytime	6-8600 e Telephone Number
Enclosed is a check for	or 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: 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

(Name of the Limited Liability Comp. (A Florida Limited	Bny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000181481e.	were filed on 8134 12017 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	pility company here:
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	9656 Avellino Avenue Apt. 7307 Orlando FL 32819
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	9656 Avellino Avenue Apt. 7307 Orlando Fl. 32819
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	SSN D
New Registered Office Address:	Enter Florida street address RD R S
	City 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 = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	·	Soddlife Beach FL3293	Remove
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record specifies The 90th day afte	a delayed effe er the record i	ective date, s filed.	but not an	effective tin	ne, at 12:01 a	.m. on the	earlier (
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	Signa (ture of a-membe	r or authorized	representative of	a member /)		

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Filing Fee: \$25.00