117000252412

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COVER LETTER

TO:	Registration Se Division of Cor		9			
		BUYER, LLC				
SUBJI	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Robert W. Zinsser				
			Name of Person			
		Are You Out Of Time				
Firm/Company						
		8826 Timberjack Lane				
			Address			
		Jacksonville, FL 32256				
			City/State and Zip Code			
		zinsserrobert@gmail.com				
For fur	ther information c	en-mail address: (to be used for future annual report notifi all:	cation)		
Robert	t W. Zinsser		904 472-3706			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2	5.00 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

MEET THE BUYER, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our recordiability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited L Florida document number <u>L17000252412</u>	Liability Company	were filed on Decmeber 11, 20)17	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
MEETING THE BUYER, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable:		SAME		
(Principal office address MUST BE A STREET ADDRESS)		8826 Timberjack Lane		15.55 1884 1844
		Jacksonville, FL 32256	1	
			:	C) -
Enter new mailing address, if applicable:		SAME		C i.
Mailing address MAY <u>BE</u> A POST OFFICE	BOX)	8826 Timberjack Lane		1.
		Jacksonville, Fl. 32256		ω"
			·	ε,
B. If amending the registered agent and registered agent and/or the new registered of	**	<u>e</u> :	is, <u>enter th</u>	e name of the
Name of New Registered Agent:				
New Registered Office Address:	8826 Timberjac			
		Enter Florida street addre		
	Jacksonville		lorida <u>32256</u>	5
		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, <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>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			🗆 Add
			Remove
			☐ Change
			
			Remove
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nor d	a a de al la	. 46 . 4 . 6	January 1, 20	18			
r.Hective	e date, if other than tive date is listed, the dat				(opti than 90 days afte	r filing.) Pur	suant to 605.0
	the date inserted in that's effective date on t	nis block does no	ot meet the applicab	le statutory filing r	equirements, thi	s date will	not be listed
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