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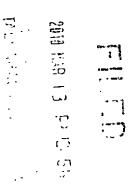
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|---|--|--|-------|
| SUBJECT: | A MERIT. Name of Lin | TCA. LLC nited Liability Company | | |
| The enclosed Articles of | f Amendment and fee(s) are sul | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | CHAR | ES E. GRANDY Name of Person | | |
| | A | MERITICA LLC Firm/Company | | |
| | 815_ | N HOMESTFAD BUIL | <u>5 #239</u> | |
| | E-mail address: | HOMESTEAD, FL 33 City/State and Zip Code i Lica Cout look. Company to the person of t | SO30 | |
| For further information of | concerning this matter, please c | all: | | 2 |
| CHARLES G | FRICK Of Person | at (<u>G49</u>) <u>374 -</u> Area Code Daytin | 8845 (7) | |
| Enclosed is a check for the | he 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

| Hmentico | i LLC | |
|---|--|---------------------------------------|
| (Name of the Limite) | d Viability Company as it now appears on our A Florida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Lia | bility Company were filed on1211 | 1/2017 and assigned |
| Florida document number <u>L17000252</u> | | , |
| This amendment is submitted to amend the follow | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | <u> </u> |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | r registered office address on our re | cords, enter the name of the new |
| Tegrores agent and of the new registered one | et audress here. | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| Name of New Registered Agent. | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | _, Florida |
| N. B. L. | 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---------------------------------------|----------------|
| AMBR | CHARIES E GRANDY | 815 N. HOMESTEAN BLVD | Add |
| | | ±239 | □ Remove |
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| ffective date, if other than the date of filing: | (optional) |
| an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab ocument's effective date on the Department of State's records. | date of filing or more than 90 days after filing.) Pursuant to 605.0207 |
| e record specifies a delayed effective date, but not a The 90th day after the record is filed. | an effective time, at 12:01 a.m. on the earlier o |
| | |
| ated <u>FE3 24 . 2018</u> | _ |
| ated <u>FE3 24 . 2018</u> | |

Page 3 of 3

Filing Fee: \$25.00