117000255811

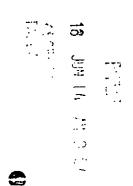
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(013).01012.[[]
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Nume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400314497764

06/14/18--01010--024 •≠30.00



COVER LETTER

ŤΟ:	Registration S Division of Co		
SUBJE	Maerd197	74	
30 631.		Name of Limited Liability Company	
The enc	closed Articles of	of Amendment and fee(s) are submitted for filing.	
Please r	eturn all corresp	pondence concerning this matter to the following:	
		Kerona Roberts- Gilliam	
		Name of Person	tatus &
		MAERD1974 LLC	
		Firm/Company	
		1616 River Road # 103	tus &
		Address	
		JACKSONVILLE. FL 32207	
		City/State and Zip Code	
		robertskaykay86@gmail.com	
		E-mail address: (to be used for tuture annual report notification)	
For furth	ner information o	concerning this matter, please call:	
Kerona	Roberts-Gilliam	n 704 492-1415 at ()	
	Name c	of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for t	the following amount:	
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed)	

MAILING ADDRESS:

τo:

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 Limit	tad Liability Common			
Tame of the Limit	(A Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number L17000255811		vere filed on 12/14/2	017 and assigned	
This amendment is submitted to amend the following				
A. If amending name, enter the new name o	f the limited liabil	ity company here:		
he new name must be distinguishable and contain the w	vords "Limited Liabilit	y Company," the design	ation "LLC" or the abbreviation "IaL.C."	
Enter new principal offices address, if applic	able:			
<u> Principal office address MUST BE 4 STREE</u>	TADDRESS)			
nter new mailing address, if applicable:		1616 RIVER ROAD		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	UNIT 103		
		JACKSONVILLE, F	L 32207	
. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:	fice address here:	ice address on our		
	1616 RIVER RO	AD HAT 103		
New Registered Office Address:	1616 RIVER ROAD, UNIT 103 Enter Florida street address			
	JACKSONVILLE		Florida 32207	
		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>	<u>Address</u>	Type of Action
MGR	Kerona Roberts- Gilliam	1616 RIVER ROAD # 103	■ Add
		JACKSONVILLE, FL 32207	Remove
			Change
MGR	Levi Jordan	1401 Riverplace Blvd # 2501	
		Jacksonville, FL 32207	■ Remove
			Change
			
			Remove
.			Add (
			Remove
			Change
·			D Add
			Change
			
			Remove
			Change

·							
•							
	,						
		<u>-</u>					
	_					-	
		•					
	-						
		<u>.</u>					
					•		<u></u>
							
						21.18	
							٠
				<u> </u>		···	- 1
				11			
						<u> </u>	
							(* <u>)</u>
						2	
-	<u></u> _					_	
				<u>-</u> .			
ffective da	ate, if other than date is listed, the dat	t he date of fi e must be specific	ling:	rior to date of tilis	u or more than 90 d	_ (optional)	hrenant to 605 020
ote: If the	date inserted in th	iis block does n	ot meet the app	olicable statutor	y filing requireme	nts, this date w	ill not be listed as
ocument's	effective date on t	ne Department o	of State's reco	rds.			
rocord	coocifies a del:	avod affactiv	adata but		.: <u>4:</u> 4	7.01	- Al
The 90th	specifies a dela n day after the	record is file	e date, but ed.	not an errec	tive time, at 1.	2:01 a.m. or	i the earlier o
ated <u>5</u>	UNE IS	-	2019	<u></u>			
	W 22	#	\bigcup				
		- MM6	リニ	$\supset M$			
_	11000	Signature o	La member or a	utharized represe	atative of a manhar		
 1	LERONA			uthorized representation of significant controls of si	ntative of a member	_	

Page 3 of 3

Filing Fee: \$25.00