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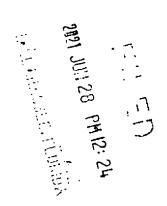
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COVER LETTER

Registration Section Division of Corporations

TO:

CHDIECT.	Meraki Inst	allers, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jacqueline Bolinger		
			Name of Person	
		Meraki Installers, LLC		
			Firm/Company	
		21 N New Warrington Rd		
Address				
		Pensacola, Florida 32506		
			City/State and Zip Code	
		accounting@merakisolutior	s.com	
	•	E-mail address: (to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please ca	all:	
Jacqueline E	Bolinger		404 839-0384 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 l	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Addres	Section	<u>Street Address:</u> Registration Sc	
		Corporations	Division of Co	•
	D. Box 632 Ilahassee, i		The Centre of 7 2415 N. Monro	rananassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears or	our records.)		_	
(A Florida Limit	ed Liability Company)				
The Articles of Organization for this Limited Liability Compa $\frac{1.17000260581}{1.17000260581}$.	any were filed on 11/06/	2019	and	assigned	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desig	nation "LLC" or the abb	reviation	"L.L.C."	—
Enter new principal offices address, if applicable:	<u></u>				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u></u>		 	
			-, , ,	2121	
Enter new mailing address, if applicable:				<u> </u>	:
(Mailing address MAY BE A POST OFFICE BOX)		11	<u> </u>	55	, _
				-5 -	1
B. If amending the registered agent and/or registered office	oo addross on our raco	rde antar the nume	of the	neurran	 sictora
agent and/or the new registered office address here:	ce address on our reco	ius, <u>enter the name</u>	Of the s	· ·	istere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	street address			
	City:	Florida	Zip Co	nde	
New Registered Agent's Signature, if changing Registered Age	•				
THE INCLUSION ASSESSMENT OF CHANGING INCLUSION ASSESSMENT OF THE PROPERTY OF T					

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan McDonald	21 N New Warrington Rd, Pensacola, Florida 32506	≣ Add
			□Remove
			□Change
			□ Add
			□Remove
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			_ □Change

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Effective date, if other than the da	te of filing:	or to data of filing or more th	(optional)	505 02D7
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If an effective date is listed, the date must be Note: If the date inserted in this block		ic		
If an effective date is listed, the date must be Note: If the date inserted in this block	rtment of State's record			
Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	rtment of State's record			
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Departure of the Departure of the Specifies a delayed effective date.			ne earlier of: (b) The 90th day a	fter the
If an effective date is listed, the date must be Note: If the date inserted in this block			ne earlier of: (b) The 90th day a	fter the
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If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Departure of the Departure of the Specifies a delayed effective date.	te, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day a	fter the
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Departure of the properties and the detailed of the date of the date of the date of the Departure of the date o	te, but not an effective		ne earlier of: (b) The 90th day a	fter the
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Departure record specifies a delayed effective date of is filed. Dated June 17th	2021	time, at 12:01 a.m. on th		fter the