114000260581

| (Requestor's Name) | |
|---|------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT N | 1AIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status _ | |
| Special Instructions to Filing Officer: | |
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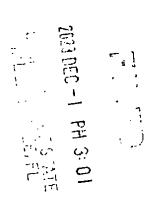
Office Use Only



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12/01/23--01011--002 **25.00





COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Div | ision of Corp | oorations | | |
|------------------|---|--|---|--|
| SUDJECT. | MERAKI IN | STALLERS LLC | | |
| SUBJECT: | | Name of Lim | nited Liability Company | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please return | all correspon | idence concerning this matter | to the following: | |
| | | JACQUIE BOLINGER | | |
| | | | Name of Person | |
| | MERAKI INSTALLERS LLC | | | |
| | Firm/Company | | | |
| | 21 N NEW WARRINGTON RD | | | |
| | Address | | | |
| | PENSACOLA, FL 32506 | | | |
| | | | City/State and Zip Code | |
| | | ACCOUNTING@MERAK | | |
| | | | to be used for future annual report notification) | |
| For further in | nformation co | ncerning this matter, please c | | |
| JACQUIE BOLINGER | | | 404 839-0384 at () Area Code Daytime Telephone Number | |
| | Name of | Person | Area Code Daytime Telephone Number | |
| Enclosed is a | a check for the | following amount: | | |
| ■ \$25.00 F | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status, & Certified Copy (additional copy is enclosed) | |
| Reg Div | iling Address gistration Sovision of Co D. Box 6327 | ection orporations | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERAKI INSTALLERS LLC

company has been notified in writing of this change.

| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our Jability Company) | records.) | | |
|---|--|--------------------------------------|--|--|
| The Articles of Organization for this Limited Liability Company | were filed on 12/22/2017 | and assigned | | |
| Florida document number L17000260581 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation | n "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | - G | | |
| B. If amending the registered agent and/or registered office a | ddann on our manada | ΄ εν | | |
| agent and/or the new registered office address here: | duress on our records, | enter the name of the new registere | | |
| | | | | |
| Name of New Registered Agent: | | (no co | | |
| | | -AE 0 | | |
| New Registered Office Address: | Enter Florida street | address | | |
| | , Florida | | | |
| | City | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agre | re to act in this capacity | . I further agree to comply with th | | |
| provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | | | | |

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 |
|--------------|-------------------|------------------------|---------------------------------------|
| AR/AP | JONATHAN MCDONALD | 21 N NEW WARRINGTON RD | |
| | | PENSACOLA, FL 32506 | ■ Remove_ △ |
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| in effecti ote: If t | date, if other than we date is listed, the date the date inserted in this 's effective date on the | must be specific an s block does not | d cannot be prior t meet the applica | o date of filing or me ble statutory filing | ore than 90 days after requirements, this | filing.) Pursuant (| ő 605.0207⊣ |
| ecord spited. | pecifies a delayed effe | ctive date, but no | t an effective tin | ne, at 12:01 a.m. o | n the earlier of: (b |) The 90th day | after the |
| | November | 21 | . 7623 | | | | |
| ited | | _ | / // | | | | |
| ned | | Signature of a | member or author | sed representative of | of a member | | _ |

Filing Fee: \$25.00