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| PICK-UP WAIT MAIL                       |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Aguatics with Merrical Jenna LLC Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Jennifer Klepper<br>Name of Person  |
| Firm/Company  |
| 12080th Ave N   |
| St. Petersburg, FL 33702<br>City/State and Zip Code   |
| MERMAIDAZORA & GMAIL. CON<br>E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Name of Person at (619) 787-7047  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\sum \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{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 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

| A auatics with (Name of the Limited Lia (A Flo  | Mer mond Senna<br>bility Company as it now appears on our recon<br>rida Limited Liability Company) | rds.)                            |
|---|--|----------------------------------|
| The Articles of Organization for this Limited Liabilit<br>Florida document number <u>L1866681</u>     |  | 2018 and assigned                |
| This amendment is submitted to amend the following  | ;  |                                  |
| A. If amending name, enter the new name of the l  | imited liability company here:   |                                  |
| MERMAID AZOKA LLC. The new name must be distinguishable and contain the words "                       | Limited Liability Company," the designation "LL  | C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | NA   | î <u>i</u>                       |
| (Principal office address MUST BE A STREET AD   | DRESS)   | <u> </u>                         |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                  | NA   | 8: 04                            |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her |  | r the name of the new registered |
| Name of New Registered Agent:   | J/A  |                                  |
| New Registered Office Address:  | Enter Florida street addr  | ess                              |
| <del></del>   | City F   | lorida                           |

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 |
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| an effective d<br>ote: If the o                  | ate is listed, the<br>fate inserted in |                                | ific and cannot<br>s not meet the | be prior to date o<br>applicable sta | of filing or more th                  | ian 90 days after | onal)<br>filing.) Pursuant to 66<br>date will not be li |              |
|  |  | lelayed effect<br>he record is |                                   | out not an e                         | ffective time                         | , at 12:01 a      | .m. on the ear  | lier of      |
| aled <u>"                                   </u> | me15                                   | ' 1                            |                                   | <u>120</u>                           |                                       |                   |   |              |
|  | 1                                      | //                             | $\pi / \Lambda$                   |                                      |                                       |                   |   |              |
|  | J.M                                    | Signatur                       | re of a member                    | of authorized re                     | presentative of a                     | member            |   |              |

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Filing Fee: \$25.00