1180000094379

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration S Division of Co				
Meribelal	.LC		,. t '	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	James P Larweth			
		Name of Person		
	Meribel, LLC			
		Firm/Company		
	5441 Marleon Drive			
		Address		
		City/State and Zip Code		
	pam.aman@prooostllc.com E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c			
Pam Aman		407 702-3116 at ()		
Name	of Person	Area Code Daytim	e Telephone Number	.~.
Enclosed is a check for	the following amount:		1021	روم (زون
■ \$25.00 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)	
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meribel, LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited I lorida document number L18000094379		and assigned
nis amendment is submitted to amend the fol	iowing:	
. If amending name, enter the new name of	of the limited liability company here:	
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	ie abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	EBOX)	
		_
		•
. If amending the registered agent and/or	registered office address on our records, enter the r	name of the new regis
ent and/or the new registered office addre	ess here:	21 ,
	MIDNE COLD AND COLD	
Name of New Registered Agent:	KLF Management Services, LLC	2
New Registered Office Address:	301 N. Ferncreek Avenue, Suite C	<u> </u>
	Enter Florida street address	₩ 3
	Orlando, Florida	32803\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	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

Adm O. Kliwan, Manuger

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
MGR	Prooost, LLC	5441 Marleon Drive	□Add
		Windermere, FL 34786	≣Remove
MGR	James P Larweth	5441 Marleon Drive	≅ Add
		Windermere, FL 34786	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			 ☐Remove ↓↓↓ ↓↓↓
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fective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific and is block does not in	cannot be prior to neet the applicabl	date of filing or more e statutory filing re	(optiona than 90 days after fili quirements, this da	ng.) Pursuant to 605.0	0207 d as
ecord specifies a delayed effe	ective date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
is filed.						

Filing Fee: \$25.00