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| (Re                     | questor's Name)    |             |
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| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| SUBJECT:       | Jill Merrell  | Real Estate LLC                              |   |  |
|----------------|---------------|--|---|--|
| SCHOLCI.       |               | Name of Limi                                 | ited Liability Company  |  |
| The enclosed   | Articles of A | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return  | all correspon | ndence concerning this matter                | to the following:   |  |
|                |               | Patrick DiSalvo                              |   |  |
|                |               |  | Name of Person  | ·····  |
|                |               | DiSalvo & Associates, PLL                    | .c  |  |
|                |               |  | Firm/Company  |  |
|                |               | 1760 N Jog Road, Ste 150                     |   |  |
|                |               |  | Address   |  |
|                |               | West Palm Beach, FL 3341                     | 11  |  |
|                |               | pdisalvo@d-acpa.com                          | City/State and Zip Code   |  |
|                |               | E-mail address: (t                           | to be used for future annual report notific                         | cation)  |
| For further in | nformation co | oncerning this matter, please ca             | all:  |  |
| Patrick DiSa   | lvo           |  | 561 659-1177  |  |
|                | Name of       | Person                                       | at ()<br>Area Code Daytime ^  | Telephone Number   |
| Enclosed is a  | check for th  | e following amount:                          |   |  |
| ■ \$25.00 F    | iling Fee     | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & 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

. TO:

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 Lim   | ted Liability Com                    | pany as it now appears on<br>d Liability Company) | our records.)                |                   |         |
|--|--------------------------------------|---|------------------------------|-------------------|---------|
| The Articles of Organization for this Limited Landscape Illustration for the Limited Landscape Illustration for the Landscap |                                      |   |                              | and assi          | gned    |
| This amendment is submitted to amend the fol   | lowing:                              |   |                              |                   |         |
| A. If amending name, enter the new name of   | of the limited lia                   | ability company here:                             |                              |                   |         |
| Jill Merrell LLC   |                                      |   |                              |                   |         |
| The new name must be distinguishable and contain the   | words "Limited Lia                   | bility Company," the design                       | ation "LLC" or the           | abbreviation "L.I | C."     |
| Enter new principal offices address, if appli  | cable:                               | N/A   |                              |                   | <u></u> |
| (Principal office address MUST BE A STRE   | ET ADDRESS)                          |   |                              |                   |         |
| Enter new mailing address, if applicable:<br>Mailing address MAY BE A POST OFFICE  | <u>' BOX)</u>                        | N/A   |                              |                   |         |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:  | l/or registered<br>office address he | office address on ou<br>ere:                      | r records, <u>ente</u>       | r the name of     | of the  |
| New Registered Office Address:   |                                      | Enter Florida s                                   | A                            | MAY I             | 7       |
|  |                                      | Enter Florida s                                   | ireet aadress<br>, Florida _ | O PH              | F       |
|  |                                      | City  |                              | 3 i Zip Code      |         |
| New Registered Agent's Signature, if changing  | Registered Agen                      | <u>ıt:</u>  | 5                            | <b>9</b>          |         |

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 | ig added |
|--|----------|
| or removed from our records:   | ,        |

MGR = Manager

| <u>Title</u>    | <u>Name</u>                           | Address | Type of Action |
|-----------------|---------------------------------------|---------|----------------|
|                 |                                       | N/A     | Add            |
|                 |                                       |         | Remove         |
|                 |                                       |         | ☐ Change       |
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| N/A<br>                       |  |  |   |
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| fective date i<br>If the date | if other than the date is listed, the date must be specified in this block do tive date on the Departm | cific and cannot be prior to date of filing o<br>es not meet the applicable statutory fi | (optional)  or more than 90 days after filing.) Pursuant to 60 listing requirements, this date will not be list |
| cord spec<br>90th da          | y after the record is  | filed.   | e time, at 12:01 a.m. on the earl   |
|                               | May 4th  | 2018   |   |
|                               | gulmen   | 2018 . ure of a member or authorized representa  |   |
|                               | ■ Signat   | ure of a member or authorized represental  | tive of a member  |

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Filing Fee: \$25.00