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Division of Corporations

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Account Name : COMEN & GRIGSBY, P.C.

Account Number : 120030000042 Phone : (239)390-1912 Fax Number : (239)390-1901

Thenter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

S9 MER SOLEIL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S9 MER SOLEIL LLC		
(Name of the Limited Liability Com (A Florida Limite	inany as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on July 6, 2018	and assigned
Florida document number L18000163850		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability conipany here:	٠
		1. 15 B
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L	LC" or the abbreviation L.L.C.
Enter new principal offices address, if applicable:	***************************************	This o'm
(Principal office address MUST BE A STREET ADDRESS)		100 Z O
	r844.844.844.844.844.844.844.844.844.844	0
		第 3
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our recoi ere:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		***************************************
Emor Florida street address		ress
Provided the Control of the Control		Florida Zip Code
Name Unniversed Agency's Commencer 18 who will be Designed		Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and appropriately accept the appointment as registered agent and appropriately accept the proper and completely accept the property and completely accept the property accept 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.

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If Changing Registered Agent, Signature of New Registered Agent

Page 3

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

Title	Name	<u>Address</u>	Type of Action
MGR	John Chenciner	24850 Old 41 Road, Stc. 10	□ Abd
		Buaita Springs FL 34135	☐ Remove
			■ Change
			CI Add
			☐ Remove
			Change
	31.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		/ bbA 🗓
			∂ Remove
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			D Add
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			C) Change
			□ Add
			☐ Remove
			□ Change

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Effectiv	e date, if other than the date of filing:
Note: I	e tinte, if other than the date of filing;
docume	nt's effective date on the Department of State's records.
se reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The S	90th day after the record is filed.
T	uly 10
Dated _	, , , , , , , , , , , , , , , , , , , ,
	Carola-turce
	Signature of a moreber or authorized representative of a member
	Carolyn Pierce, Authorized Representative

Filing Fee: \$25.00