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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERAN AUTO EXPORT 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:

Wilkins MERAN
Name of Person

Firm/Company

1671 W FAIRWAY RD
Address

Pembroke Pines, FL 33026
City/State and Zip Code

theMERANAUTOsales@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILKIN MERAN at (754) 230-1483
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>	<u>Type of Action</u>
MGR	Joselyn Ramirez	250 GATE Rd #151	<input type="checkbox"/> Add
		Hollywood FL 3302'	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILKINS MERAN	1671 W FAIRWAY Rd	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL	<input type="checkbox"/> Remove
		33026	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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COUNTY OF ALameda

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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STATE OF MICHIGAN

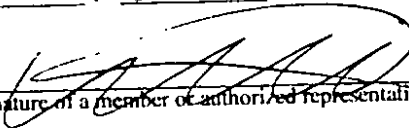
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 9, 2019.



Signature of a member or authorized representative of a member

Wilkins Meran

Typed or printed name of signee