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18 SEP 28 AH 8: 40
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COVER LETTER

TO: Registration Sect Division of Corpo			
MD Meridian			
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Jagan Loganathan		
		Name of Person	
	MD Meridian LLC		
		Firm/Company	
	8720 Iron Mountain Trail		
		Address	
	Windermere, FL 34786		
	jagan.loganathan@gmail.co	City/State and Zip Code	
		o be used for future annual report not	ification)
For further information con	cerning this matter, please ca	ılı:	
Jagan Loganathan		917 312-7271	
Name of F	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S0.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 SEP 28 AM 8: 40

MD Meridian LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	iny were filed on Septe	and	assigned
Florida document number 1.18000216087			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	iability company here	•	
MD Vertical LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	gnation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	!		
Enter new mailing address, if applicable:			
(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 Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florid	ı street address	
···		, Florida Zip Co	
	City	Zip Ce	xde
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of m as provided for in Ch	y duties, and I am familiar apter 605, F.S. Or, if this d	with and ocument is
		t, Signature of New Registered ;	Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Ma	anager , athorized Member		FILED	
Title	<u>Name</u>	Address	FILED 18 SEP 28 AM 8: 40 SELUTION OF TALLAHASSEE, FLORIDA	Type of Action
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Filing Fee: \$25.00