

L18 000 231 067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

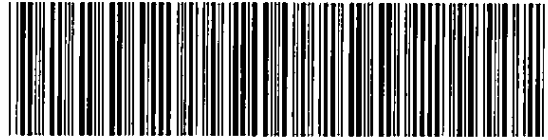
(Business Entity Name)

(Document Number)

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2024 JUN 19 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mercier Financial Group, 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:

W. Tyler Mercier

\_\_\_\_\_  
Name of Person

First Principles Financial, LLC

\_\_\_\_\_  
Firm/Company

8233 Sunlit Horizon Lane

\_\_\_\_\_  
Address

Land O Lakes, FL 34637

\_\_\_\_\_  
City/State and Zip Code

tyler.mercier@mercierfinancial.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2024 JUN 19 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

W. Tyler Mercier

206 851-6557  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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2021 JUN 19 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JUL 19 PM 1:41  
SECRETARY OF DEFENSE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/14/2024

**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.

Dated June 14, 2024

W. J. R.  
Signature of a member or authorized representative of a member

Typed or printed name of signee