# 118000237725

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## COVER LETTER

TO: Registration S Division of Co			
Mermazing	g LLC		
		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ashley Donahue		
		Name of Person	
	Mermazing LLC		
		Firm/Company	
	315 Chartley Court North		
		Address	
	Sarasota, Fl. 34232		
		City/State and Zip Code	
	CowGirlUps17@aol.com		
		o be used for future annual report notific	cation)
For further information (	concerning this matter, please ca	ıll:	
Ashley Donahue		941 780-0824	
Name of Person at ()  Area Code Daytime Telephone Number			Telephone Number
Enclosed is a check for t	he 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co. Florida document number L18000237725	ompany were filed on 10/08/2018 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR		1
		ćύ -
Enter new mailing address, if applicable:		: : 5
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ords, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
<del></del>		Florida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

Mermazine LLC

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ray Scott Questionati	267 Chartley Court North Sarasota, Fl. 34232	<b>⊑</b> Add
		<del></del>	☐ Remove
		<del></del>	☐ Change
MGR ————	Cheryl Questionati	267 Chartley Court North Sarasota, Fl. 34232	<b>=</b> Add
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing  ote: If the date inserted in this block does not meet the applicable statutory becument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
ated	
Mullou I la	tative of a member

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Typed or printed name of signee

Filing Fee: \$25.00