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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	Mercy D LL			
SUBJE	CT:	Name of Limite	ed Liability Company	
The en	closed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	dence concerning this matter to	the following:	
		Tanisha B. Davis		
			Name of Person	
		Mercy D LLC		
			Firm/Compuny	<del></del>
		3320 Thurloe Dr		
			Address	<del></del>
		Rockledge, FL 32955		
			City/State and Zip Code	
		mercyd.llc@gmail.com		
			o be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	ill:	
Tanisl	ha B. Davis		202 821-3982	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enelo	end is a check for th	ne following amount:		
	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.(X) Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations enter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mercy D LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	· · · · · · · · · · · · · · · · · · ·	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDI	<u></u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office address on our records, <u>ente</u> l <u>ress here</u> :	er the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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

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

	<b>N</b> Y	<u>Address</u>	Type of Action
<u>Title</u>	<u>Name</u> Tanisha B. Davis	3320 Thurloe Dr	
MGR	Janisha B. Davis		<b>⊞</b> ∧dd
		Rockledge, FL 32955	Add ∵
		Kicklodgot 1 10 2 2 2 2	Remove
			Change
			Change
14621)	Kevin Davis	3320 Thurloc Dr	_ <b>■</b> Add , ?
MGR		17.00055	Add
		Rockledge, FL 32955	<b>7</b> .0
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record specifie The 90th day a			, but not an	effective time	e, at 12:01 a.	m. on the earlie	er of
ted	· · · ·		·				
	isha 3	tature of a memb	er or authorized	representative of a	member		

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Filing Fee: \$25.00