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P. V. Comp.

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	MEREF.	A, LLC	
		nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	VLADISL	4V ROMANE	NKO
		Name of Person	
		Firm/Company	
	5007 N.	Davis Hwy, S	···+ 15
		FL 32503 City/State and Zip Code	
	vlad romane E-mail address: (	to be used for future annual report notifi	fication)
For further information cor	ncerning this matter, please ca	all:	
Zoya Nikr:	tin	at (G10) 969 Area Code Daytime	8989
Name of I	Person	Area Code Daytime	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEREFA, LLC

2019 SEP 10 AH 8: 36

(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 Li	ability Company were filed or	02/15/2019	and assigned
Florida document number <u>L1900004</u>	164 <u>61</u> .		
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability compar	ıy here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company."	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE)	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
Enternew mailing address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I			
AMBLIA POST OFFICE I	<u></u>		<del> </del>
B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:		s on our records, <u>enter t</u>	he name of the new
New Registered Office Address:	Enter	r Florida street address	
		, Florida	
	· · · · · · · · · · · · · · · · · · ·		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re	r and complete performance tered agent as provided for	e of my duties, and I am fa. in Chapter 605, F.S. Or, ij	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
A <u>mbr</u>	VLADISLAV ROMANEN	JKO Navarre FL 32566	
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n effective date <b>te:</b> If the dat	is listed, the date to inserted in this	must be specific : s block does no	and cannot be prior it meet the applic	to date of filir able statutor	ig or more that y filing requ	i 90 days after f rements, this	iling.) Pursuan date will not	t to 605,020 be listed a
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		Signature of	a member or author	arried reproces	ntative of a m	mbur		