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(F	Requestor's Name)	
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(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of S	Status
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COVER LETTER

TO: Registration 9 Division of Co			
Merefa, I	1.C		
SUBJECT:	Name of Lim	ited Liability Company	1000
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	Ì
Please return all corres	pondence concerning this matter	to the following:	
	Zoya Nikritin		
		Name of Person	
	Merefa, LLC		
		Firm/Company	
	5007 N Davis Hwy, Suite	15	
		Address	
	Pensacola, FL		
	zoyanda1977@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Zoya Nikritin		610 969-8989 at ()	
Name	e of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status &
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TO	
ART	TICLES OF ORGANIZA	ATION
	OF	ears on our records.) O2/15/2019 and assigned
Merefa, LLC	ited Liability Company as it now app	ears on our records.)
(<u> </u>	ited Liability Company as it now appe (A Florida Limited Liability Company	﴾ُر _َ پي
The Articles of Organization for this Limited I	Liability Company were filed on (02/15/2019 and assigned
Plorida document number 1.19000046461		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icahla:	
<u>Principal office address MUST BE A STRE</u>	<u> </u>	
Name of New Registered Agent:	registered office address on our	r records, enter the name of the new registere
New Registered Office Address:		Florida street address
	Gulf Breeze	
	Cuy	Florida $\frac{32563}{Zip\ Code}$
New Registered Agent's Signature, if changing	Registered Agent:	
		in an anti-
t hereby accept the appointment as register provisions of all statutes relative to the pro	rea agent ana agree to act in tit oper and complete performance	is capacity. I further agree to comply with the of my duties, and I am familiar with and
accept the obligations of my position as reg	gistered agent as provided for it	n Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the	e registered office address, I he	reby confirm that the limited liability
company has been notified in writing of thi	is 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
AMBR	Zoya Nikritin	2719 Sunrunner Ln. Gulf Breeze, Fl. 32563	□Add
			Remove
			≡ Change
			□Add
			□Remove
			□Change
			□Add
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reffective date is listed tet. If the date inser	er than the date of d, the date must be spec ted in this block does late on the Departme	itic and cannot be prior s not meet the applic	to date of filing or me able statutory filing	ore than 90 days after	onal) filing.) Pursuant to 605. s date will not be liste	020 d a
cord specifies a del s filed.	ayed effective date. b	ut not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b) The 90th day after	th
ed		2019	<u> </u>			
/	Signatur	e of a member or author	orized representative	of a member		
			•			