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COVER LETTER

то:	Registration Section Division of Corporations
SUBJEC	T: 1401 Mercantile, LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Jed Kirby Name of Person
	Firm/Company
	Address
	City/State and Zip Code Kirby property (d) qma; 1. Com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Name of Person at (813) 453-7608 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	00 Filing Fee Solution Solutio

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

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Co	Mercantile	LLC on our records)		
(A Florida Lim	ited Liability Company)	on our recorder		
The Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned		
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> ;		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	5)			
		- Fo 23		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		in the second		
	•			
B. If amending the registered agent and/or registere	d office address on	our records, enter the name of the		
registered agent and/or the new registered office address	<u>here</u> :	41.		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Ag	ent:			
hereby accept the appointment as registered agent and	agree to act in this ca	apacity. I further agree to comply with		

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
1 M 2 D	Ryan Cortner	Tampa IE 33606	Add
AMBR		Tampa 1 £ 33606	Remove
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Effective date, if other than the date of filing: S/3/2019 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated May 3 2019 Signature of a member or authorized representative of a member Ted. Signature of a member or authorized representative of a member									
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Filing Fee: \$25.00