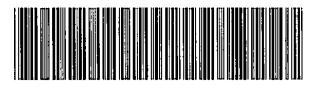
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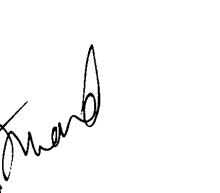
(Red	questor's Name)	
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V.E.	,	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Bus	siness Entity Nar	ne)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	···	
	Office Use On	lv

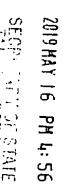


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S TALLENT JUN 0 3 2019





COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: MERICAC IN US	THENTS CIMITED CIABICITY Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Amy S	Name of Person
MERICAL	Firm/Company
	(ow Drop WAY
oviesu f	City/State and Zip Code City/State and Zip Code De used for future annual report notification)
AMY SWEAT	o be used for future annual report notification)
For further information concerning this matter, please ca	
AMY SWEAT Name of Person	at (40) 492-2500 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENICAL INVESTMENTS,	CIMITED LIABILI	12 Compton	
MCNICAL INVESTMENTS. (Name of the Limited I) (All	orida Limited Liability Compa	ny)	
The Articles of Organization for this Limited Liabi Florida document number <u>L/90010851</u>		1 4-76-2019.	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
			TO HAY
Enter new mailing address, if applicable:			5 5
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>		<u> </u>
			4 56
B. If amending the registered agent and/or registered agent and/or the new registered office		s on our records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter	r Florida street address	
-	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	•		zap Couc
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the region.	eent and agree to act in t nd complete performance ed agent as provided for stered office address, I h	e of my duties, and I am far in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	Amy SweAT	2375 WILLOW DOOD WAY)\$ Add
	·	oviego fl. 32766	☐ Remove
			Change
AMBR	Jeff Sweat	2375 WILLOW Drop WAY	X Add
		Oviedo, fl. 32766	□ Remove
			Change
			🗆 Add
			Remove
			Change
			□ Remove
		 	Change
			Remove
			Change
			□ Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde

or removed from our records:

. If am	ending any othe	r information, enter c	change(s) here: (Attach additional sheets, if necessary.)
		<u> </u>	
	. <u> </u>		
		<u> </u>	
			_
(If an e Note:	ffective date is listed, 1 If the date inserte	the date must be specific an	ng: 5-13-2019. (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 meet the applicable statutory filing requirements, this date will not be listed a State's records.
		a delayed effective or the record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of
Dated	1 <u>5-13-</u>	2019	
		Signature of a	promber or authorized representative of a member
		Ze H.	
			Wheel or printed name of signee
			Page 3 of 3

Filing Fee: \$25.00