119000123892

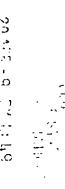
···		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/D.,	siness Entity Nan	201
(Bu	Siness Enuty Nan	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opecial instructions to	rang Onicer.	

Office Use Only



000342759580

04/09/20--01012--024 **30.00



Omend/lome Change

APR 22 2020

D CUSHING

COVER LETTER

TO:	Registration Sect Division of Corpo				
	MEIKO LLO	2			
SUBJE	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		MARVIN D BRAZLE II			
			Name of Person		
		MEIKO LLC			
		Firm/Company 415 SW 74TH AVE			
		NORTH LAUDERDALE	Address FLORIDA, 33068		
		M.BRAZLE25@GMAIL.G	City/State and Zip Code		20 163
		E-mail address: (to be used for future annual report notific	ation)	رَة.
For fur	ther information cor	cerning this matter, please ca	all:		o ;
MAR	VIN D BRAZLE II		954 856-6427 at ()		
	Name of I	erson	Area Code Daytime	Celephone Number	- 10
Enclos	ed is a check for the	following amount:			
□ \$ 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEIKO LLC (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 Liability Company were filed on and assigned Florida document number _____L19000123892 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARVNS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1293 N UNIVERSITY DR #130 Enter new mailing address, if applicable: Coral Springs FLORIDA, 33071 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
			⊡Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Channe

	 			
** * ***				•
				-
				
				•
	· · · · · · · · · · · · · · · · · · ·			
			4,48	-
	· · · · · · · · · · · · · · · · · · ·			
		·		
				
				
				•
	 		., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
active date if ather than the d	ate of filing:	date of filing or more than 9	(optional)	5 0203
reflective date is listed, the date must b				
neffective date is listed, the date must be tel. If the date inserted in this blockers.				
effective date is listed, the date must b				
neffective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	artment of State's records.	. 12.01		
neffective date is listed, the date must be tel. If the date inserted in this blockers.	artment of State's records.	e, at 12:01 a.m. on the ea		r the
n effective date is listed, the date must be: If the date inserted in this blockument's effective date on the Depercord specifies a delayed effective as filed.	eartment of State's records. date, but not an effective time	e, at 12:01 a.m. on the ea		r the
n effective date is listed, the date must be: If the date inserted in this blockument's effective date on the Depeter of specifies a delayed effective is filed. APRIL 5TH	eartment of State's records. date, but not an effective time	e, at 12:01 a.m. on the ea		r the
reffective date is listed, the date must be: If the date inserted in this blockument's effective date on the Depercord specifies a delayed effective is filed. APRIL 5TH ed	date, but not an effective time	_·	urlier of: (b) The 90th day afte	r the
reffective date is listed, the date must be: If the date inserted in this blockument's effective date on the Depercord specifies a delayed effective is filed. APRIL 5TH ed	date, but not an effective time	_·	urlier of: (b) The 90th day afte	r the
reffective date is listed, the date must be: If the date inserted in this blockument's effective date on the Depercord specifies a delayed effective is filed. APRIL 5TH ed	eartment of State's records. date, but not an effective time	_·	urlier of: (b) The 90th day afte	r the