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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AN	1ERI CONA	LLC	
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	AUDREX	Name of Person	
	AMERIC	CONA LLC Firm/Company	
		Firm/Company	
		PONEHEUGE WAY	
	PALM HA	HEBOR, FLURIDA City/State and Zip Code	34683
	To ny Cort	A OGNAIL, COM o be used for future annual report notifica	tion)
For further information co	ncerning this matter, please ca	II:	
	-		_
Tony Cor Name of	4 A Person	at (<u>727</u>) <u>831 - 29</u> Area Code Daytime To	37 Elephone 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

MERICONA	LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 1900169599</u>	•	$\frac{28/2019}{2019}$ and assigned
This amendment is submitted to amend the following:		<u> 20</u>
A. If amending name, enter the new name of the limited	I liability company here:	ECKETA
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation .L.C."
Enter new principal offices address, if applicable:	AUDEE	Y CONASS TO
(Principal office address MUST BE A STREET ADDRES	$\frac{14657}{}$	ONE HENGE MAY
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Code

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.

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 Address Type of Action Title Name ANDREY A CONA 1418 STONEHENGE WAY XAND Palm HARBET \$134683 - Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

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If an effective date is listed, the Note: If the date inserted in	tan the date of filing:date must be specific and cannot a this block does not meet then the Department of State's	the prior to date of filing or e applicable statutory fil		g.) Pursuant to 60	
he record specifies a d The 90th day after t	elayed effective date, l he record is filed.	but not an effective	time, at 12:01 a.m.	on the earl	lier of:
Dated 12 - 26	Signatur of a member		ve of a member		
	Audzey	N			

Page 3 of 3

Filing Fee: \$25.00