

L19000185362

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

2020 JUL 23 AM 7:13

FILED

SEP 11 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Meraki Motors LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nizam Ali
Name of Person
Meraki Motors LLC
Firm/Company
13652 North 12th Street Tampa
Address
FL 33613 Ste 10
Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nizam Ali
Name of Person

at

Area Code

Daytime Telephone Number

516 523 2208

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Merak Motors LLC 13652 N. 12th St Tampa
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) FL 33613 Ste 10

The Articles of Organization for this Limited Liability Company were filed on 8/1/2019 and assigned
Florida document number L19000185362

This amendment is submitted to amend the following: Auth Code 190205344800332184988.1

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2020 JUL 23 AM 7:13
CLERK OF COMPTROLLER
OF REVENUE
TAMPA, FLORIDA

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:

Nizam Raji
13652 N 12th St
Enter Florida street address
Tampa, Florida 33613
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

[illegible]

[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

7/6/2020

Signature of a member of authorized agency

Filing Fee: \$25.00