L20000 120 159

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dosiness Chuty Marile)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100344170391

05/11/20--01019--026 **25.00

2020 II.AT 11 PH 4: 35

Amund

MAY 2.7 2020 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Mer	Chandise D Name of Lim	Direct LLC nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Ibrahim	Makhoul Name of Person	_
	-	Firm/Company	
	9744	SW 138 ave	<u> </u>
	Mia	mi, FL 33186 City/State and Zip Code	
	ibrahimak E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co	all:	
Ibrahim M Name of	akhou) Person	at (<u>786</u>) <u>351 – 4</u> Area Code Daytime	1069 e Telephone Number
Enclosed is a check for the	e 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

Merchandise N	irect LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L2000120159</u>	, ,
,	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The second of the state of the	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P C
	Ę.
	35
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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 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 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>	<u>Address</u>	Type of Action
MGA	Ibrahim Makhoul	9744 SW 138 ave	(X /Add
		Miami, FL 33186	
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change

_	
_	
_	
_	
_	
<u> </u>	
_	
_	
_	
_	
_	
_	
If an effe <u>Note:</u> I	ce date, if other than the date of filing:
rd is file	
Dated _	The home Machine Signature of a member or authorized representative of a member
	Tbrakin Makhou Typed or printed name of signee