## L20000 145363

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## **COVER LETTER**

	tration Se ion of Cor	ection porations	•		
	DEER RUN	N MERRILL, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspo	ondence concerning this matter	to the following:		20 JUN
		John Day			سم  U
		<del> </del>	Name of Person		- ,
			Firm/Company	<del>-</del>	-
		3741 San Jose Place Suite	7		
			Address		_
		Jacksonville, Fl 32257			
		nday@hsmith-inc.com	City/State and Zip Code to be used for future annual repo	ort northenion)	_
For further info	ormation c	oncerning this matter, please c		nt nottheatton)	
John Day			904 268999 at ( )	90	
	Name o	f Person		Daytime Telephone Numbe	er
Enclosed is a c	heck for th	he following amount:			
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ate of Status &
· · · · · · · · · · · · · · · · · · ·	ng Addres stration S		Street Addro Registratio		
Divis	sion of C	Corporations	Division o	f Corporations	
P.O.	Box 632	27	The Centre	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEER RUN MERRILL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

·	· •		7. Ou
The Articles of Organization for this Limited Lia	ability Company were f	iled on May 28, 2020	and assigned
Florida document number L20000145363			and assigned
This amendment is submitted to amend the follo	owing:		
	Ţ.		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Com	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable:		_ <del></del>	
(Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		s on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address	s nere.		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	<del></del>
	Cit	, Flori	da
New Registered Agent's Signature, if changing R	•	, ,	
<del></del> -		ent in this consenies. I female	
I hereby accept the appointment as registered provisions of all statutes relative to the prope			
accept the obligations of my position as regis	stered agent as provide	ed for in Chapter 605, F.S	S. Or, if this document is
being filed to merely reflect a change in the recompany has been notified in writing of this c		ss, I hereby confirm that i	the limited liability
4	C		

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
TRE	Taylor C Smith	3741 San Jose Place Suite 7	□Add
		Jacksonville, Fl 32257	= Remove
			□Change
AMBR	Taylor C Day	3741 San Jose Place Suite 7	
		Jacksonville, Fl 32257	🗀 Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (3)(bory filing requirements, this date will not be listed as the
ory ming requirements, this date will not be listed as the
01 a.m. on the earlier of: (b) The 90th day after the