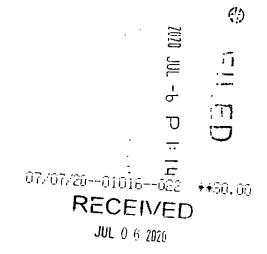
## L20000 177865

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

то:	Registration Se Division of Cor			,			
enn m		Vholesale Service, LLC					
SUBJE	Name of Limited Liability Company						
		Amendment and fee(s) are sub indence concerning this matter					
	·	Patrick Meriland	-				
			Name of Person		<del></del>		
			Firm/Company				
		2854 Tanglewood Blvd					
		Address					
		Orange Park FL 32065					
		City/State and Zip Code Patrickmeriland@gmail.com					
		E-mail address: (to be used for future annual report notification)					
For furth	ner information c	oncerning this matter, please co	all:				
Patrick	Meriland			-8607			
	Name o	f Person	at () Area Code	Daytime Telepho	one Number		
Enclosed	I is a check for th	ne following amount:					
□ <b>\$</b> 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres	<u>s:</u>	Street Add	iress:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Meriland Wholesale Service, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our redda Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.20000177865.	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Meriland's Commerce, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "	ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	- <del></del>
(Principal office address MUST BE A STREET ADD	ORESS)	<u>(1)</u>
	<del></del>	2020
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		Ū ;—
		-
B. If amending the registered agent and/or register agent and/or the new registered office address here:		iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ad	dress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
WELMER	Patrick A. Merila	and 2854 Tanglewood Orange Park, FL 32065	Nodu
		Orange Park, FL	□Remove
		32065	Change
<del></del>			□Add
			□Remove
			□Change
			DAdd
			□Remove
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			□Change
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			□ Change
			□Add
			Remove
			□Change

If amending ar	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>.</del>	
<del></del> -	
<del></del>	
<del></del>	
(If an effective date Note: If the date	if other than the date of filing:
the record specific cord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	20
	Patrick Meriland
Patri	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00