# L21000017272

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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 5/10/21

NAME: MERMAID REALTOR LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

TO: Registration So Division of Cor			
	ealtor LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Yolofsky, Esq.		
		Name of Person	<del></del>
	Yolofsky Law		
		Firm/Company	·
	100 SE 3rd Ave. Suite 100	0	
		Address	
	Fort Lauderdale, FL 33394		
		City/State and Zip Code	
	ajy@yolofskylaw.com		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	dl:	
Joseph Yolofsky		954 237.4011	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

2.21
221/127/10 ##11:14
14
it now appears on our records.) ity Company)
e filed on 1/5/2021 and assigned
company here:
ompany," the designation "LLC" or the abbreviation "L.L.C."
ompany, the designation Edge of the abbreviation 13.6.6.
address on our records, enter the name of the r
Enter Florida street address
, Florida
71. 71.
City Zip Code

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 501 E. Las Olas Blvd. Suite 300	Type of Action
MGR	Megan Romine	501 E. Las Olas Blvd. Suite 300 Fort Lauderdale, FL 33301	<i>:                                    </i>
			■ Remove
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	8-21-11
	Estrict 10 Aitility
<del>-</del>	
	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as
he record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of ord is filed.
Dated May 10	. 2021
<del></del>	Signature of Anember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00