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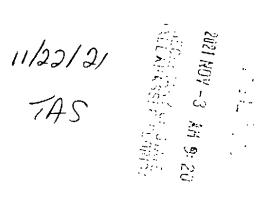
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COVER LETTER

| TO: Registration S- Division of Co | | | |
|---------------------------------------|---|---|---|
| MERA IN | VESTMENTS LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing | |
| | ondence concerning this matter | 9 | |
| | BLANCA ZAMBRANO | | |
| | | Name of Person | |
| | LUNAS ACCOUNTING | AND TAXES CORP | |
| | | Firm/Company | - |
| | 1560 Sawgrass Corporate Parkway 4th Floor | | |
| | | Address | |
| | Sunrise, Fl 33323 | | |
| | | City/State and Zip Code | |
| | blan.61@hotmail.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information of | concerning this matter, please c | all: | |
| Blanca Zambrano | | 786 2375255 at () | |
| Name o | f Person | | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 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 (| | Street Address: | ation |
| Division of C | | Registration Se Division of Con | |
| P.O. Box 632 | .7 | The Centre of 7 | Γallahassee |
| Tallahassee, 1 | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MERA INVESTMENTS LLC | | |
|--|---|--|
| (Name of the Lin | (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited | | rida and assigned |
| Florida document number L21000047718 | , | |
| This amendment is submitted to amend the fo | llowing: | |
| A. If amending name, enter the new name | of the limited liability company her | <u>re</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | |
| (Principal office address MUST BE A STRE | | |
| | | |
| | | 200 22 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | | 255 1 T |
| | | 0) = 0 V |
| | | 11 70 |
| B. If amending the registered agent and/or | registered office address on our rec | Cords, enter the name of the new registered |
| agent and/or the new registered office addr | ess here: | Ģe € |
| | | |
| Name of New Registered Agent: | Blanca Zambrano | |
| New Registered Office Address: | 1560 Sawgrass Corporate Parkway | 4th Floor |
| - | Enter Florid | lu street address |
| | Sunrise, Fl 33323 | , Florida 33323 |
| | City | Zin Coda |

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.

f 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 |
|--------------|---------------------------------|---|-------------------------|
| Mgr | Rodriguez Ayala Maria Elizabeth | 1560 Sawgrass Corporate Parkway 4th Floor Ofc 499 Sunrise, Fl 33323 | 🗆 Add |
| | | | □Remove |
| | | | |
| Mgr | Diaz Rodriguez Maria Alejandra | 1560 Sawgrass Corporate Parkway 4th Floor Ofc 499 Sunrise, FI 33323 | ⊠ Add |
| | | | □Remove |
| | | <u> </u> | OChange |
| Mgr | Diaz Rodriguez Sebastian | 1560 Sawgrass Corporate Parkway 4th Floor Ofc 499 Sunrisa, FI 33323 | XÃdd |
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| ffective date, if other than the date of filing: | (ontional) |
| an effective date is listed, the date must be specific and cannot be prior to da lote: If the date inserted in this block does not meet the applicable | (optional) te of filing or more than 90 days after filing.) Pursuant to 605.03 |
| ocument's effective date on the Department of State's records. | statutory thing requirements, this date will not be listed |
| | |
| record specifies a delayed effective date, but not an effective time, a | at 12:01 a.m. on the earlier of: (b) The 90th day after the |
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| rated 10/28 | i |
| Vn 11) | |

Filing Fee: \$25.00