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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: Mereath Murray Real Estate LLC. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Meredith Murray Name of Person |
| Firm/Company |
| Chartestang |
| 1465 Sautern Dave |
| City/State and Zip Code MM DOUGH @ QMUI COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Mekedith Mulling at (239) 246-7704 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION

| Menealth Muk (Name of the Limited I | Liability Company as it now appears on of Florida Limited Liability Company) | our records.) |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------|
| The Articles of Organization for this Limited Liabi | | 1 |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the MURLOY. The new name must be distinguishable and contain the words. | LLC | ution "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| B. If amending the registered agent and/or reginated agent and/or the new registered office address has been said and a supplementation. | | ls, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida sti | rees 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> | Name | Address | Type of Action |
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| te: If t | date, if other that the date is listed, the date inserted in s effective date on | this block does | not meet the a | ipplicable statut | iling or more than ory filing requit | (optiona 90 days after filin rements, this dat | l) g.) Pursuant to 605 te will not be liste | .020° ed as |
| cord sp s filed. | ecifies a delayed e | ffective date, br | ut not an effect | tive time, at 12: | 01 a.m. on the e | arlier of: (b) 1 | The 90th day after | r the |
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| | a | Signature | of a member of | suthorized repre | Sentative of a me | mber | | |