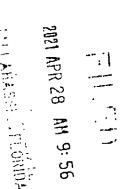
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
4/28				
4/28 NOS				

Office Use Only





## COVER LETTER

TO: Registration Section

Division of Co	rporations			
SUBJECT:	Merchison Co., LLC			
SUBJECT:		nited Liability Company	·	
79 l d . A l				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Tracy Merc	hison		
		Name of Person		
	Merchison (	CO., LLC		
		Firm/Company		
	20535 NW 2	2nd Ave STE 204		
		Address		
	Miami Gard	ens, FL 33169		
		City/State and Zip Code		
	info@merch	nisonco.com to be used for future annual report n		
For further information (	concerning this matter, please of		ocincation	
Tracy Merchison		at ( 305 ) 90	4 - 5579	
Name o	of Person	at ( <u>305</u> ) <u>90</u> Area Code Dayt	time Telephone Number	
Enclosed is a check for t	<del>-</del>			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	L1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:		
Registration Section				
Division of Corporations			-	
Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Registration Division of C P.O. Box 632	Section Corporations 27	Registration S Division of C The Centre of	orporations Tallahassee	

Tallahassee, FL 32303

RECEIVED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Merchison Co., LLC  (Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords)	
(A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on02/15/2	2021 and assigned	
Florida document number <u>L21000075917</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L	LC'or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
		22
		27
Enter new mailing address, if applicable:		PR
(Mulling address MAY BE A POST OFFICE BOX)	System (C)	2021 APR 28
	$\frac{\varphi_{i}}{\varphi_{i}}$	<del></del>
		<b>=</b>
B. If amending the registered agent and/or registered office address on our records, <u>ent</u> agent and/or the new registered office address here:	er the name of the new registered	3 AM 9: 56
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street odd	bress	
	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	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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
MGR	Tracy Merchison	20535 NW 2nd Ave STE 204	🗸 Add
		Miami Gardens, FL. 33169	: Remove
			Change
AMBR	Melida Berroa	20535 NW 2nd Ave STE 204	(DAdd
		Miami Gardens, FL. 33169	
			Change
			□Add
			DRemove
			☐Remove
			;
			□ Remove
			□Change
<del></del>			□Add
			∐Remove
			[.]Change
			🗀 Add
			[]Remove
			☐ Change

2021 APR 28 AM 9: 56

Filling Fee: \$25.00