# 121000139649

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

Registration Section

TO:

Division of C	orporations				
	onstruction LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matter	r to the following:			
	SANCHEZ, ESMERALD	DA R			
		Name of Person			
		Firm/Company		,	
	7113 Beachwood Blvd				
		Address		2023 HAR 20	
	Panama City Beach, FL 3	2407		TAR.	r.
	faribabyahrdt64@yahoo.co	City/State and Zip Code			, mar
		(to be used for future annual report notif	ication)	AMII: 13	-
	concerning this matter, please of			LATE 13	
SANCHEZ, ESMERA		850 2571175 at ()			
Name	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations allahassee Street, Suite 8	10	

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

Meras Construction ELC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	çords.)
The Articles of Organization for this Limited Liability Comp.	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	lability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		202
		The state of the s
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	***************************************	
	<del></del>	72 :
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter 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>	<u>Address</u>	Type of Action
AMBR	Eulises I Herrera	7113 Beachwood Blvd PCB, FL 32407	🖺 Add
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			☐ Change
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ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior to does not meet the applicab	date of filing or more than 90 days a	ptional) after filing.) Pursuant to 605.020 this date will not be listed a
record specifies a delayed effective da		e at 13:01 a.m. on the cording of	F (h) The OOth day of an the
is filed.	or not an officerity this	o, at 12.01 a.m. on the carrier of	. (b) The John Cary after the
ated March 7	2023	. •	2023 J
	lde Scinch	nc2	3 MAS 20
Esmera Sign	nature of a member or authoris	zed representative of a member	<u> </u>

Filing Fee: \$25.00