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COVER LETTER

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TO: Registration Section

Division of Co	rporations					
SUBJECT:	Meera Mark LLC					
SUBJECT:	Name of Lim	c. nited Liability Company				
The analogad Articles of	f Amendment and fee(s) are sub	unitted for filing				
The enclosed Afficies of	Amendment and rec(s) are suc	minited for fining.				
Please return all corresp	ondence concerning this matter	to the following:				
	R	itika Walik				
		Name of Person				
		Firm/Company				
	5782 Fulhar	n Place				
		Address				
	Sonford, Flan	City/State and Zip Code				
	E-mail address:	Hmark @ gynal . com	tification)			
For further information	concerning this matter, please c	all:				
Ritika	Malik	at (<u>407</u>) <u>– G14 –</u> Area Code Daytir	5503			
Name	of Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for	the following amount:					
S25.00 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 Addre Registration		Street Address: Registration Se	ection			
	Corporations	_	Division of Corporations			
P.O. Box 63	27	The Centre of Tallahassee				
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 19th, 2021 The Articles of Organization for this Limited Liability Company were filed on __ Florida document number <u>L2100017898</u>5 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	Address	Type of Action
AMBR	Ritika Walik	5782 Fulham Places Sonford,	
		FL, 3277	Remove
			Change
MGR	Lalista Marix	5782 Fuham Place Sanford	WAdd
		FL, 32771	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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record sp Lis filed.		elayed effectiv	e date, but no	t an effectiv	ve time, at 13	2:01 a.m. on	the earlier o	f: (b) The 9	Oth day after th
ated	April	28 m		. 202	<u>l</u> .				
			Signature of a	Reffice member or a	Malik authorized rep	b resentative of	a member		
			B		1				

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Filing Fee: \$25.00