## LZ1000198730

(Requestor's Name)					
(Address)					
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,					
(City/State/Zip/Phone #)					
(experience)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
SUBJE	CT:	Merit Appl	iances LLC	_
		Name of Lim	ited Liability Company	_
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	·
			Sonia Becerra	
			Name of Person	
			Swyft Filings	
			Firm/Company	
			3 Greenway Plaza #1320	·
			Address	
			Houston, TX 77046	- 1
			City/State and Zip Code filings@swyftfilings.com	
		E-mail address: (	to be used for future annual report notification)	- ° .i .
For furt	her information c	oncerning this matter, please c	all:	# · · · · · · · · · · · · · · · · · · ·
Sonia Becerra		есегта	at ( 877 ) 777-0450	ָר ביי
	Name o	f Person	Area Code Daytime Telephone Num	ber
Enclose	ed is a check for th	ne following amount:		
<b>5€</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MERIT APPLIANCES LLC

( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears of bility Company)	on our records.)		
ne Articles of Organization for this Limited Liability Company w	ere filed on	04/28/2021	and	assigned
orida document number <u>L21000198730</u> .				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabili	ty company here	2:		
ne new name must be distinguishable and contain the words "Limited Liability	Company," the desi	ignation "LLC" or the ab	breviation	"L.L.C."
nter new principal offices address, if applicable:	5323 Mi	llenia Lakes Blvd		
Principal office address MUST BE A STREET ADDRESS)	Orlando	o, FL 32839		
nter new mailing address, if applicable:	4918 Silver	: Gate Lane #204		
Mailing address MAY BE A POST OFFICE BOX)	Fort Myer	s, FL 33907		
			<u> </u>	••
. If amending the registered agent and/or registered office ado	dress on our rec	ords, <u>enter the nam</u>	e of the i	new regi
gent and/or the new registered office address here:			: 3	Ξ.
Name of New Registered Agent:			>	
			1: 2	
New Registered Office Address:	Enter Florida	a street address	-=-	
		, Florida	Zip Co	

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	JOHN A HILL	5323 Millenia Lakes Blvd	
		Orlando, FL 32839	□ Remove
			<b>∑</b> Change
AMBR	VIOLETA HILL	5323 Millenia Lakes Blvd	□ Add
		Orlando, FL 32839	
			<b>▼</b> Change
			□ Add
			□Remove
			☐ Change
			> □Remove
			\\C\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		<del> </del>	□Add
			□ Remove
			□Change
			□Add
			□Remove
			∏ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) > E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00