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COVER LETTER

TO:	Registration Se Division of Cor					
		PDP PRIVACY LLC	ı ;	•	· -	
CHDI			r.			
SUBJ	ECT:	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		ANDRES SARAVIA				tatus &
		· 	Name of Person			
		MERIDANPDP PRIVACY	TLLC			
			Firm/Company		202 (' '	
		4254 VINEYARD CIR			NON	=
			Address		一:: 21	[##
		WESTON, FL 33332			76.0 TO	Ţ
		andres.saravia@meridianpd	City/State and Zip Code p.com			,
		E-mail address: (to be used for future annual report no	tification)		
For fu	irther information c	oncerning this matter, please c	ali:			
ANDI	RES SARAVIA MO	DRALES	305 850-1325			
	Name o	f Person	at () Area Code Davti	me Telephone Nu	mber	
			·	•		
Enclo	sed is a check for th	ne following amount:				
≡ \$:	25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Certi	00 Filing Fee, ificate of Status ified Copy tional copy is enclos	
	Mailing Addres		Street Address:	·		
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	Tallahassee, 1		2415 N. Mont		te 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERIDANPOP	PRIVACY	LLC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company 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 liability company here: MERIDIANPDP PRIVACY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the appreviation "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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cire 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 ti 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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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