L21000300499

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COVER LETTER

TO: Registration So Division of Cor			·	\$
MERIT PU SUBJECT:	PPIES LLC		/ 3	
30bJEC1	Name of Lim	ited Liability Company		
The analysis Amisles of	Non-andresses and Europe	arional fra Glina		
	Amendment and fee(s) are sub	•		
Please return all correspo	ndence concerning this matter	to the following:		
	ROBERTO N CORDEIRO)		
		Name of Person		
		Firm/Company		
	3500 ISLAND BLVD., UI	SIT PHI		
		Address		
	AVENTURA, FL 33160			
		City/State and Zip Code		
	robertoneordeiro@gmail.co	m to be used for future annual report noti	(fication)	
For further information c	oncerning this matter, please ca		,	
Roberto Cordeiro		786 833-0150		
Name o	f Person	Area Code Daytim	ie Telephone Number	
Enclosed is a check for th	ne following amount:			2023 SEI
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee Status & Copy: 3 copy is cinclosed 2
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 632		The Centre of T	•	
Tallahassee, I	FL 32314	2415 N. Monro Tallahassee, FI	e Street, Suite 8 . 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERIT PUPPIES LLC		
(Name of the Lim	ited Liability Company as it now appears on or (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited I Florida document number L21000300499	Liability Company were filed on $\frac{06/25/200}{100}$.	and assigned
his amendment is submitted to amend the fol	lowing:	
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 designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
Inter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
3. If amending the registered agent and/or gent and/or the new registered office addre		TAT 1027 1037 104 S
Name of New Registered Agent:	CORDEIRO, ROBERTO N	
New Registered Office Address:	3500 ISLAND BLVD., UNIT PHI	
	Enter Florida stre	et address F.O. NO
	AVENTURA	Florida 343 160 (r)
	City	Zip (ode

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 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
MBR	MARCELO TORRES	17125 N BAY ROAD 3507	
		SUNNY ISLES, FL 33160	≣ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Deparation	specific and cannot does not meet the	applicable	te of filing or n statutory filir	iore than 90 days	optional) after filing.} Pursu , this date will no	am to 605.020 ot be listed a
ecord specifies a delayed effective da is filed.	ite. but not an effe	ctive time, a	at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
september 23	2024	·				

. . .

Filing Fee: \$25.00