121000317391

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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(During Frank March
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

MERAKI I	PROJECT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEXANDRA C RIQUEI	. DE GREGORIO	
	ALEXANDRA RIQUEL	Name of Person	
	16518 SAPPHIRE STREE	Firm Company	
	WESTON, FLORIDA 333	Address	
	RIQUELALE@GMAIL.CO	City/State and Zip Code OM to be used for future annual report not	ification)
For further information c	concerning this matter, please co	all:	
ALEXANDRA RIQUEI		754 2170267 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Address Registration S Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MERAKI PROJECT, LLC

2021 DEC 17 PM 2: 24

	Stability Company)	ORETARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number L21000317391		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16518 SAPPHIRE STREET	
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FLORIDA 33331	
Enter new mailing address, if applicable:	16518 SAPPHIRE STREET	
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FLORIDA 33331	
	daress on our records, enter th	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		
Name of New Registered Agent:		
agent and/or the new registered office address here:	Enter Florida street address	
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address, Flori City	
Name of New Registered Agent:	, Flori	da

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 adderor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PS	DANIEL REYES	2794 KINSINGTON CIRCLE	□Add
		WESTON, FLORIDA 33332	🗏 Remove
			Change
VS	ALEXANDRA RIQUEL	2794 KINSINGTON CIRCLE	□Add
		WESTON, FLORIDA 33332	≅Remove
			Change
MGR	ALEXANDRA C RIQUEL DE GREGONO	16518 SAPPHIRE STREET	■Add
		WESTON, FLORIDA 33331	🗀 Remove
			□Change
MGR	DANIEL D REYES SUAREZ	16518 SAPPHIRE STREET	≣Add
		WESTON, FLORIDA 33331	Remove
			□ Change
			□Add
			□Remove
			□Change
			Add
			Remove
			Change

				
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Effective date, if other than the o	date of filing:		(optional)	
f an effective date is listed, the date must	be specific and cannot be pr	ior to date of filing or more th	an 90 days after filing.) Pursua	ant to 605.020
Note: If the date inserted in this blo document's effective date on the De			uirements, this date will no	ot be listed a
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
d is filed.				•
	2021			
	2021			
Dated	——· ——			
Dated	Tude	We -		
Jated	July Signature of a member of a	thorized representative of a r	nambar	·-··

Filing Fee: \$25.00