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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MERAKI PROJECT, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRA C RIQUEL DE GREGORIO

\_\_\_\_\_  
Name of Person

ALEXANDRA RIQUEL

\_\_\_\_\_  
Firm/Company

16518 SAPPHIRE STREET

\_\_\_\_\_  
Address

WESTON, FLORIDA 33331

\_\_\_\_\_  
City/State and Zip Code

RIQUELALE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA RIQUEL

754

2170267

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLA.

**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>	<u>Address</u>	<u>Type of Action</u>
PS	DANIEL REYES	2794 KINSINGTON CIRCLE	<input type="checkbox"/> Add
		WESTON, FLORIDA 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VS	ALEXANDRA RIQUEL	2794 KINSINGTON CIRCLE	<input type="checkbox"/> Add
		WESTON, FLORIDA 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDRA C RIQUEL DE GREGORIO	16518 SAPPHIRE STREET	<input checked="" type="checkbox"/> Add
		WESTON, FLORIDA 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL D REYES SUAREZ	16518 SAPPHIRE STREET	<input checked="" type="checkbox"/> Add
		WESTON, FLORIDA 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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

Typed or printed name of signee

**Filing Fee: \$25.00**