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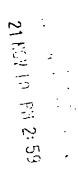
(Requestor's Name)
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PICK-UP WAIT MAIL
(Curiness Salita Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operations to taking officer.

Office Use Only



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T. MATTHEWS

COVER LETTER

• • • • • • • • • • • • • • • • • • • •	tration Section		
MRIECT:	MeiCo Mar LLC	•	·
_	Narr	e of Limited Liability Company	
	Articles of Amendment and fee(s)	-	
lease return a	Il correspondence concerning this	s matter to the following:	
	Marty I. Miller		
		Name of Person	
	MeiCo Mar LLC		
		Firm/Company	
	100 Barefoot Willi	ams Rd. #26	
		Address	
	Naples, Florida 34	113	
	mainamur21@amail	City/State and Zip Code	
	meicomar21@gmail E-mail a	ddress: (to be used for future annual report notification)	<u> </u>
for further info	ormation concerning this matter, p		
Marty L Miller		970 443-0884	
	Name of Person	Area Code Daytime Teleph	one Number
Enclosed is a cl	heck for the following amount:		
■ \$25.00 Fili	ng Fee		\$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 Adaress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MeiCo Mar LLC

21 F17 In TH 2: 59

(Name of the Limited Liab	ility Company as it now appears on our records.) da Limited Liability Company)	
(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 07/15/2021	and assigned
Florida document number L21000323550		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or register	ead office address on our records, enter the	name of the new reg
agent and/or the new registered office address here		
Name of New Registered Agent.		<u>-</u>
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Ziv Code

New Registered Agent's Signature, if changing Registered Agent:

i nereoy 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u> Citle</u>	<u>Name</u>	Address 21 101 10 PN 2: 59	Type of Action
AMBR	Marty L Miller	100 Barefoot Williams Rd. #26	<u></u> ≣Add
		Naples, FL 34113	□Remove
			□Change
MGR	Jennifer L Miller	100 Barefoot Williams Rd. #26	= Add
		Naples, FL 34113	[]Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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:re: If the date inserted in th	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 his block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
record specifies a delayed efficient is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
11/05/2021 ated	·
1/4/	11.M
11111111	
MALLE	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00