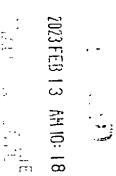
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Merlin Mia	nmi R.E. L.L.C. Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Craig Benjamin Merlin		
		Name of Person	
	Merlin Miami R.E. L.L.C.	Firm/Company	
	2942 SW 27 Terrace		
		Address	
	Miami, Florida 33133	City/State and Zip Code	
		to be used for future annual report not	fication)
	oncerning this matter, please c		
Craig Benjamin Merlin Name of Person		at (305) 987-4401 Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ction
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Merlin Miami R.E. L.L.C.

2023 FEB 13 AM 10: 18

(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 $\frac{08/19/2021}{1}$ and assigned Florida document number <u>L21000373004</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Craig B. Merlin L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida ___

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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
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			□Add
			□Remove
			□Change

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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be pri- ock does not meet the appl	icable statutory filing re		
e record specifies a delayed effectived is filed.	e date, but not an effective	time, at 12:01 a.m. on	he earlier of: (b) The 90tl	i day after the
Dated February 6	, 2023	— a .		
	1. ///11			
	1/1/1	// / \		
	Signature of a member or aut	thorized representative of	ı member	