# Florida Department

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 : (305)789-3200 Phone : (305)789-4137 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### MERRIMAC NAZ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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## DocuSign Envelope ID: 18220AF8-7E96-432F-8ADE-0277A65E5769 AKTICLES OF AMENDMENT

### ARTICLES OF ORGANIZATION

MERRIMAC NAZ, LLC
(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 November 9, 2021 and assigned
Florida document number L21000479830
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MV NAZ, LLC
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Industry was 150 miles and 150
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:
22
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City == 22 ip Code
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.

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At amending Authorized rerson(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 Type of Action Address <u>Name</u> <u>Title</u> □Remove □ Change □Add \_\_ □Remove \_\_ □Remove \_\_\_\_ Change □Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_ □Remove \_ Change  $\Box$ Add \_\_\_\_\_ 🗆 Remove

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