Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERIDIAN PRIME ACQUISITIONS LLC

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DEC - 8 2021

S. PRATHER

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Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## MERIDIAN PRIME ACQUISITIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		500
The Articles of Organization for this Limited Liability Cor	npany were tiled on 11/29/21	and assigned
Florida document number L21000505324		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:	NAME OF THE PROPERTY OF THE PR	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip 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.

City

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
AMBR	Benjamin Sanchez	7901 4TH ST N STE 300	<b>X</b> i Add
		ST. PETERSBURG, FL 33702	□Remove
			□ Change
AMBR	Candace Ritter	7901 4TH ST N STE 300	<b>※</b> Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

). If amending any other informa	ation, enter change(	(s) here: (Auach)	additional sheets, if	necessary.)	
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E. Effective date, if other than the (If an effective date is listed, the date money). If the date inserted in this document's effective date on the listense.	ust be specific and canno block does not meet th	t be prior to date of fil e applicable statuto	ing or more than 90 day:	optional) , after filing.) Pursuan s, this date will not	u to 605.0207 (3), be listed as the
f the record specifies a delayed effect	ive date, but not an eff	fective time, at 12:0	l a.m. on the earlier		
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