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T. MATTHEWS MAR 29 2022

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Merx USA		·	-
SUBJECT. MEIX OUN	Name of Lim	ited Liability Company	
(m)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Clark Harju		
	Charle Franța	Name of Person	
	Merx USA LLC		
		Firm/Company	
	704 Lois Court	Address	
		radicss	
	Fort Walton Beach, FL 32:	547	<del> </del>
		City/State and Zip Code	
	merxusallc@gmail.com E-mail address: (1	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Clark Harju		at ( 850 ) 287.5288	
Name o	f Person	Area Code Daytime	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 Address		Street Address:	ion

Registration Section Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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Merx USA LLC	
( <u>Name of the Limited</u> (A	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 2/7/2022 and assigned
Florida document number <u>L22000063261</u>	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	^ADDRESS)
	<del></del>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE B	<u>Ox)</u>
	gistered office address on our records, enter the name of the new regist here:
agent and/or the new registered office address	here:
Name of New 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clark Harju	704 Lois Court	■Add
		Fort Walton Beach, FL 32547	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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