# L22000085933

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FILED Mar 08, 2022 08:00 AM Secretary of State

03-04-22 60130 018 \$48.62

### **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	OF JACKSONVILLE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
r rease return an correspo	indence concerning this matter	to the following.	
	ELUID RIVERA		
		Name of Person	<del></del>
	MEG PR, LLC		
		Firm/Company	
	711 BANCHORY CT		
		Address	
	ST JOHNS FL 32259		
		City/State and Zip Code	
	DIGNETTI@COREOUTS		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ROSANNE DIGNETTI		215 343-7730 at ( )	
Name o	f Person		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 9		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co.	
P.O. Box 632	.7	The Centre of	Fallahassee .
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION Mar 08, 2022 08:00 AM OF

## FILED **Secretary of State**

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(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  $\frac{2-14-2022}{1}$ and assigned Florida document number \_\_\_\_\_L22000085933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MEG PR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." **711 BANCHORY CT** Enter new principal offices address, if applicable: ST JOHNS FL 32259 (Principal office address MUST BE A STREET ADDRESS) **711 BANCHORY CT** Enter new mailing address, if applicable: ST JOHNS FL 32259 (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 \_\_. Florida \_\_

#### 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 Changing Registered Agent, Signature of New Registered Agent

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
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			□Remove
			\_Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
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