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| | (Requestor's Name) | |
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| | (City/State/Zip/Phone #) | |
| PICK-UF | WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| | | HORNE |
| | | J. HORNE JUN 2 7 2023 |
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Office Use Only



000410881960





CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| MERIDIAN TRUS | T RE INVES | rments, llc | | |
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| Please Debit FCA000 | 0000003 For: ² | 5 | | |
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| | | | | Art of Inc. File |
| | | | | LTD Partnership File |
| | | j | | Foreign Corp. File |
| | | | | L.C. File |
| | | | | Fictitious Name File |
| | | | | Trade/Service Mark |
| | | | | Merger File |
| | | | <u>×</u> | Art, of Amend, File |
| | | | | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | | Annual Report / Reinstatement |
| | | | | Cert. Copy |
| | | | | Рныо Сору |
| | | | | Certificate of Good Standing |
| | | | | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | | Corp Record Search |
| , | | | | Officer Search |
| 1 | 7/ | Ì | | Fictitious Search |
| Signature | | | | Fictitious Owner Search |
| Signature | | | | Vehicle Search |
| | - - | | | Driving Record |
| Requested by: SETH | 06/26/2023 | | | UCC Lor 3 File |
| | | | · | UCC II Search |
| Name | Date | Time | | UCC 11 Retrieval |
| Walk-In | Will Pick U | p | | Courier |



Registration Section

TO:

COVER LETTER

Division of Corporations SUBJECT: MERIDIAN TRUST RE INVESTMENTS, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ERIC GROS-DUBOIS Name of Person EPGD ATTORNEYS AT LAW, P.A. Firm/Company 777 SW 37 AVE, STE 510 Address MIAMI, FL 33135 City/State and Zip Code ERIC@EPGDLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ERIC GROS-DUBOIS** at (786) 837-6787 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF



2023 JUNI 26 AH 11:25 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| | Company were filed on 03/03/2022 | and assigned |
|--|--|------------------------------|
| Florida document number L22000088640 | · | |
| This amendment is submitted to amend the following: | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited 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 ADD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - | |
| | | |
| agent and/or the new registered office address here Name of New Registered Agent: | new name of the limited liability company here: Independent of the limited liability company here: Independent of the limited liability company," the designation "LLC" or the abbreviation "LLC." Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC." Independent of the limited liability company here: Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company, the designation "LLC" or the abbreviation "LLC" Independent of the limited liability company here: Inde | |
| agent and/or the new registered office address here | <u>c</u> : | |
| agent and/or the new registered office address here Name of New Registered Agent: | c: Enter Florida street address | |
| Name of New Registered Agent: New Registered Address: | Enter Florida street address, Flo | |
| agent and/or the new registered office address here Name of New Registered Agent: | Enter Florida street address, Flo | |

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 |
|--------------|---------------|------------------------------|-----------------|
| MGR | SOLOMON, NEIL | 1855 GRIFFIN RD, SUITE B-428 | □Add |
| | | DANIA BEACH, FL 33004 | E Remove |
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| ote: It the dat | if other than the is listed, the date mu e inserted in this b ctive date on the D | lock does not r | neet the appli | icable statutory | g or more than 90 filing requiren | (optional days after filing nents, this date | .) Pursuant to 605.0. will not be listed | 207 as i |
| ecord specific is filed. | s a delayed effectiv | e date, but not | an effective | time, at 12:01 | a.m. on the earl | ier of: (b) T | ie 90th day after t | he |
| JUNE 1 | | | 2023 | | | | | |
| ated | | | · | | | | | |
| | | 4 | 2 M | \mathcal{Y} | | | | |
| | | | | | | | | |
| | | Signature of a | member or aut | horized represer | tative of a memb | er | _ | |

Filing Fee: \$25.00