## L22 ()00200183

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(Address)
· · ·
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(City/State/Zip/Phone #)
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(Document Number)
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2022 MAY 27 AM 10: 42

## **COVER LETTER**

TO: Registration Section

Division of Co	rporations		
	MERUIT LLC		·
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHEL FARHAT		
		Name of Person	_
	GUMGUMFRUFT LLC		
		Firm/Company	_
	722 MAIN STREET		
		Address	_
	DAYTONA BEACH FLO	RIDA 32118	
		City/State and Zip Code	_
	MFARHAT0222@GMAIL	.COM	
	E-mail address: (	to be used for future annual report notification)	•
For further information of	concerning this matter, please e	all:	
MICHEL FARHAT		386 2120331	
Name (	of Person	Area Code Daytime Telephone Numb	per .
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**GUMGUMFRUIT LLC** 

2022 MAY 27 AM 10: 42

(Name of the Lin	ited Liability Company as it now appea (A Florida Limited Liability Company)	IN ON OUR PECONOS METARY OF STATE
The Articles of Organization for this Limited Florida document number <u>L22000200183</u>	Liability Company were filed on 64	•
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
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 appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	 E BOX)	
•		
3. If amending the registered agent and/or igent and/or the new registered office addr	12	records, enter the name of the new registe
Name of New Registered Agent:	MICHEL FARHAT	
New Registered Office Address:	11A PONY EXPRESS DR	
	Enter Flo	orida street address
	PALM COAST	, Florida <sup>32164</sup>
	City	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.

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	<b>Type of Action</b>
MGR_	MICHEL FARHAT	11A PONY EXPRESS DR	<b>≅</b> Add
		PALM COAST FLORIDA 32164	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
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e: If the date inserted in this blo ument's effective date on the De	ick does not i	meet the app	olicable sta	tutory filing	g requiremen	nts, this d	ate will r	not be l	isted a
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cord specifies a delayed effective filed.	date, but no	t an effectiv	e time, at	[2:01 a.m. ∈	on the earlie	r of: (b)	The 90tl	h day at	fter the
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