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SELECTION OF SELEC

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divisi	on of Corpora	tions		
SUBJECT:	MERC	Acquisit	MONS LLC	
			ited Liability Company	
The enclosed A	Articles of Ame	ndment and fee(s) are sub-	mitted for filing.	
Please return a	ll corresponden	ce concerning this matter	to the following:	
	_	THLER	MCRICLE Name of Person	
			Name of Person	
		MERC A	CQUISITIONS L	ic
	_		LON WAY	
			Address	
	_	MELBOUR	City/State and Zip Code	2934
		Mercacqu E-mail address (is tions @ gmainto be used for future annual report notif	ication)
For further info	ormation conce	rning this matter, please ca	all:	
TZ	7LEK	MERICLE	321, 482	- 4997
Name of Person		at (<u>321</u>) <u>482</u> Area Code Daytim	e Telephone Number	
Enclosed is a c	heck for the fol	llowing amount:		
□ \$25.00 Fil	ing 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)
	ng Address: stration Secti	ion	Street Address: Registration Sec	ction
Divi	sion of Corpo		Division of Cor	porations
P.O.	Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 14 PM 2: 36

A.4.4.0.		4022,	JUN 14 PM 2:36
·	L ACQUISITION ability Company as it now app orida Limited Liability Company	ears on our records.) 1/4[AHASSEE FE
The Articles of Organization for this Limited Liabili	, ,		
Florida document number L22444 245	<u>433</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," th	e designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AP	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:	TYLER ME	RICLE	
New Registered Office Address:	Enter F	lorida street address	·
		, Florida	
_	City	, 11011da	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 Changing Projectered 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
			□Add
			□Remove
			□Change
			🗆 Add
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Effective date, if other fan effective date is liste Note: If the date insedecument's effective	ed, the date must be sp rited in this block do	ecific and o oes not me	cannot be prior cet the applic	to date of filinable statutor	g or more than 6	00 days after fi	ling.) Pursu	ant to 60 ot be lis	95.0207 sted as
record specifies a de d is filed.	layed effective date	, but not a	in effective ti	ime, at 12:01	a.m. on the ea	arlier of: (b)	The 90th	day aft	er the
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Dated 10 d	_	_							
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