(Requestor's Name)	
(Address)	300390849493
(Address)	
(City/State/Zip/Phone #)	07/20/2201001016 ★€25.00
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	RECE
Special Instructions to Filing Officer:	9 PH 4: 27
	202
Office Use Only	
	19 Al
	AH 10: 47

	INC. P.O. Box 37	th Avenue. Tallahassee, Florida 32303) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666	
		V	WALK IN
	PI	CK UP:	7/19 DANNY
	CERTIFIED COPY		
хx	рнотосору		
	CUS		<u> </u>
XX	FILING	LLC	AMEND
		~	
	ASSETS MERRICK (CORPORATE NAME AND DO	CUMENT #)	
	(CORPORATE NAME AND DO	CUMENT #)	
	(CORPORATE NAME AND DO	CUMENT #) CUMENT #) CUMENT #)	
	(CORPORATE NAME AND DO	CUMENT #) CUMENT #) CUMENT #)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				2022 JUL 19 AM 10: 47
ASSETS MERRICK 720 LLC				
(Name of the Limi	ted Liability Co (A Florida Limi	mpany as it ouw app ted Liability Company	cars on our records.)	TA'LL AND FL
The Articles of Organization for this Limited L	liability Comp	any were filed on	05/27/2022	and assigned
Florida document numberL22000246825	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	<u>f the limited l</u>	iability company	here:	
N/A				
The new name must be distinguishable and contain the v	vords "Limited L	inbility Company." th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	N/A			
(Principal office address MUST BE A STREE	TADDRESS			
		<u>.</u>	·	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	······································		······································
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered offic <u>s here</u> :	e address on our	records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	<u> </u>			
		Enter Fl	orida street address	
		<u> </u>	, Florid:	
		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 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>`itle</u>	Name	Address	Type of Action
AGR	ELOISA S. MATUREN	7275 NW 61TH STREET	
		MIAMI, FL 33166	
			DChange
			🗆 Add
			🗋 Remove
			DChange
			🖸 Remove
			🗆 Change
			ŪAdd
			🛛 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 🛆 dd
		<u></u>	🗍 Remove
			Change

	······································	
·		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• •

.

N/A

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July, 13	- A	2022		
	Atit			
	Signature	e of a member or authorized	d representative of a member	
JOSE I. M	IARTINEZ			

Typed or printed name of signee