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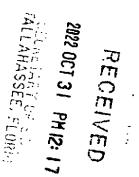
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COVER LETTER

,

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:		OSSING SOLUTIONS 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	ndence concerning this matter	to the following:	
	MARGARET A COSTEL	LO	
		Name of Person	······································
	MERMAID CROSSING S	SOLUTIONS LLC	
		Firm/Company	····
	871 NETTLES BLVD		
		Address	
	JENSSEN BEACH, FL 34	957	
		City/State and Zip Code	
	eurobrucke20@gmail.com		
	E-mail address: (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please co	all:	
MARGARET A. COSTI	ELLO	at () 535-1685 Area Code Daytime	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Con	
P.O. Box 632	7	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII =D ST 2022 OCT 31 AM 9: 01 SECRETARY OF 1

MERMAID CROSSING PROPERTY SOLUTIONS LLC

company has been notified in writing of this change.

(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 Liab Florida document number L22000455789	ility Company	were filed on 22 OCT 2022	and assigned	
This amendment is submitted to amend the follows	ing:			
A. If amending name, enter the new name of th	e limited liab	ility company here:		
MERMAID CROSSING SOLUTIONS LLC				
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable	le:	(no change) 871 NETTLES BLVD.		
Principal office address MUST BE A STREET ADDRESS)		JENSEN BEACH, FL 34957		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regi		(no change) c/o 973 KELA CRESENT VERGINIA BEACH, VA 23451	the new registered	
agent and/or the new registered office address h	iere:	and the same view of th	the new registeree	
Name of New Registered Agent:	N/A			
New Registered Office Address:				
	.	Enter Florida street address		
		Florida		
_	<u>-</u>		ip Code	
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the register.	and complete _l red agent as p	performance of my duties, and I am fami rovided for in Chapter 605, F.S. Or, if th	liar with and us document is	

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

Title	Name	<u>Address</u>	Type of Action
	N/A		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date mus	it be specific and cannot be prio ock does not meet the appli	or to date of filing or more to cable statutory filing rec	(optional) han 90 days after filing.) Purs quirements, this date will :	suant to 605,020 not be listed as
ocument's effective date on the De	-parametri (): () tale () (0 () ()			
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ocument's effective date on the Do		time, at 12:01 a.m. on th	ne earlier of: (b) The 90t	h day after the
record specifies a delayed effective	e date, but not an effective i	time, at 12:01 a.m. on th	ne earlier of: (b) The 90t	h day after the
record specifies a delayed effective is filed. 27 OCTOBER	e date, but not an effective i			h day after the

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