L23000143022

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600412726386

07/25/23--01019--021 **60.00

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	MERCH M	ANIACS 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:	
	Wesley .	SENKINS Name of Person	<u></u>
	<u></u>	Firm/Company	
	P.O Box 74	83 Address	
	NorthPort		
		City/State and Zip Code	14.
	E-mail address: (ewell@amai	ification)
For further information c	concerning this matter, please co	ali:	بر <u>:</u>
Wesley Je	MKIMS of Person		- O 2 7 3
Enclosed is a check for the	he following amount:		, o
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee – – – – – – – – – – – – – – – – – –

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERCH MAND	ACS	Ja V
(Name of the Limited Liability Compan (A Florida Limited Li	iability Company)	<u>18.</u> j
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000143622</u> .	were filed on <u>3-21-2(</u>	o23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LL0	"or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		• :
		<u> </u>
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· ,
,		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
		lorida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Azthorized 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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Wesley Jenkins	P.O BOX 7483	X ^dd
		North Port FL, 34290	□Remove
			□Change
MGR	Elizabeth Amsalem	P.O. BOX 7483	X [Add
		North Port FL, 34290	□Remove
			□ Change □ Add
			□ Remove
			□ Change
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			🗆 ^dd
			□Remove
			□Change

	
ective date, if other than the date of filing: 7-11-2023	(optional)
offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da	ivs after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory filing requirement ument's effective date on the Department of State's records.	nts, this date will not be listed
·	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after
filed.	;
	•
x1 7-11-23	:
, , , , , , , , , , , , , , , , , , , ,	
hare L	•
Signature of a member or authorized representative of a member	-