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(Re	equestor's Name)	
(Ad	dress)	 -
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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elle if <i>e</i> t	House of M	leraki, LLC		
SUBJECT		Name of Lim	ited Liability Company	in Cana
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Ptease retur	m all correspo	ndence concerning this matter	to the following:	· c
		Sophie L Middleton		
			Name of Person	
		House of Meraki, LLC		
			Firm/Company	
		10671 Regent Circle		
			Address	
		Naples, Florida 34109		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otilication)
For further	information c	oncerning this matter, please c	all:	
Sophie L N	fiddleton		239 2929784 at ()	
	Name o	f Person	Area Code Days	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing 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)
	ailing Addres egistration S		<u>Street Address:</u> Registration S	Section
D	ivision of C	orporations	Division of C	orporations
	O. Box 632 allahassee, I		The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 ASS 28 P

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ility Company as it now appears on our rec	cords.)
	ω
Company were filed on 05/16/2023	and assigned
<u> </u>	
:	
imited liability company here:	
imited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
DRESS)	
red office address on our records, en	ter the name of the new regist
Enter Florida street ad	dress
Enter Florida street ad	dress Florida
	imited liability company here: DRESS) red office address on our records, en

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>	Name	Address	Type of Action
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effective date is listed, the date mi e: If the date inserted in this b	ne date of filing: ust be specific and cannot be prior to block does not meet the applicate Department of State's records.	to date of filing or mor		ng.) Pursuant to 605.0207
ord specifies a delayed effecti filed.	ive date, but not an effective tir	me, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
d August 23	2023			
				
smi	MeU Signature of a member or autho	nized representative o	t a member	

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