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2023 AUG 21 AH II: OI SECRETARY OF STATE TALLAHASSES TATE

COVER LETTER

Registration Section

TO:

Division of Cor	perations		
	NERS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John D'Alberti		
		Firm/Company	<u> </u>
	10874 Northgreen Dr	. ,	
		Address	
		City/State and Zip Code	
	Lake Worth, FL 33449		2023 SEC TI
	E-mail address:	to be used for future annual report notification	ALL AUG
For further information e	concerning this matter, please c	all:	S 21 AAR
John D'Alberti		561 723-6362 at ()	2023 AUG 21 AM II: 0 SECRETARY OF STAT TALLAHASSEE. FL
Name o	f Person	Area Code Daytime Telep	shone Number TS THE
Enclosed is a check for the	he following amount:		
■ \$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 Division of C	Section	Street Address: Registration Section Division of Corporat	ions
P.O. Box 632 Tallahassee, 1	27	The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEJ PARTNERS LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Comp	any were filed on July 17, 2023	and assigned
lorida document number L23000336958		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLU	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		s 20
		Z3 A
nter new mailing address, if applicable:		AUG RETI
Mailing address MAY BE A POST OFFICE BOX)		HAN 2
		SET AT
		(T) = C.,
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>ente</u> r	r the name of the new regist
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street addre	185
	, F	lorida
	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 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
MGR	Joe Fischer	10795 57th PL South, Lake Worth, FL 33449	■ Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			□ Change
		- FOR TALL	Add Poly Remove
		ARCI SEE	Change
			Add ☐ Remove
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Effective	date, if other the	an the date of	filing:	y 31, 2023			(optic	onal)		705 nan3
Note: If the	ne date inserted in s effective date of	this block does	s not meet ti	ie applicabl	statutory fi	more man 90 ling requiren	nents, this	date wil	I not be	listed as
document	s encenve date of	r die 19epartine	in th state s	records.						
ne record sp	ecifies a delayed (effective date, b	ut not an ef	fective time	at 12:01 a.r	n, on the earl	ier of: (b) The 90	ìth day	after the
ord is filed.										
Dated			,							

Filing Fee: \$25.00

Typed or printed name of signee