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Certified Copies	Certificates of	of Status
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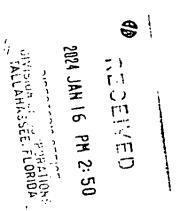
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COVER LETTER

ection porations		
Name of Lim	aited Liability Company	
A dec		
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endence concerning this matter	to the following:	
ALBINA IALALOVA		
	Name of Person	
I LOVE ACCOUNTING	LLC	
<u></u>	Firm/Company	
308 SILVER PINE DR		s 2
	Address	ECR
LAKE MARY, FL 32746		2024 JAN 16 SECRETARY TALL ATTAS
	City/State and Zip Code	<u> </u>
albinaialalova@gmail.com		유리 교
		fication)
oncerning this matter, please c	all:	[T] N
	407 473-1323 at ()	
f Person	Area Code Daytin	e Telephone Number
ne following amount:		
S30.00 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)
	<u>Street Address:</u> Registration Se	ction
Corporations	Division of Cor	porations
		lallahassee e Street, Suite 810
	Name of Lim Amendment and fee(s) are substituted and the substitu	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. ALBINA IALALOVA Name of Person LOVE ACCOUNTING LLC Fimt/Company 308 SILVER PINE DR Address LAKE MARY, FL 32746 City/State and Zip Code albinaialalova@gmail.com E-mail address: (to be used for future annual report not oncerning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERUS LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	liability company here:	2024 SEC
MERUS USA LLC	naome, company nece.	FT { 2024 JAN SECRETALLA
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC	" or the abbreviation "L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SSS 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	City ,	orida
	City.	гар Соае

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>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			
			Remove
			SECRETARY TALLAHAM
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Filing Fee: \$25.00