



Office Use Only





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 18552 Holdings, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
JOSE L. Mérradu
Name of Person
Firm/Company
11347 Water Oak Place
Address
Dave, PU manao
City/State and Zip Code
Dave, Pun3330 City/State and Zip Code I mer cado @ Mer covagoup com E-mail address (to be used for future annual report Jottification)
For further information concerning this matter, please call:
Jennifer OMA, 459 - at (784) 395 - UY446 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18552 Holding,	LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appearability Company)	,	
The Articles of Organization for this Limited Liability Company w Florida document number <u>LZ400084407</u> .	vere filed on	2/10/24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company ho	ere:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the d	lesignation "L.l.C" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
			-0 , (1
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u></u> -
(Mailing address MAY BE A POST OFFICE BOX)			~ ~~~
B. If amending the registered agent and/or registered office ad	ldress on our r	ecords, <u>enter the name</u>	of the new registered
agent and/or the new registered office address here:			
None (CN or Davids and Assess			
Name of New Registered Agent:			
New Registered Office Address:			
	rinier i (o)	rıda street address	
	Cav	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy		z,p Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of ovided for in (my duties, and I am far Chapter 605, F.S. Or, if	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Sylvia A Mercado	11347 Water bak Pla	ACC □Add
	'	Davie, PL 23330	Remove
			□Change
mgr Silvia A Mercado	Silvia A Mercado	11347 Water Oak Pla	ICE TEXTO
	Davie, PL 33330		
			□Change
			🗆 Add
			🗀 Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
•	
	
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(If an ci Note:	ive date, if other than the date of filing:
the reco cord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	February 29 . 2024.
	Jennifer A. Coya. 659
	Ingulated of authorized representative of a member
	Jennitor A. Cuya. Esq.

Filing Fee: \$25.00