



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Meccas Two, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Staats

\_\_\_\_\_  
Name of Person

Meccas Two, LLC

\_\_\_\_\_  
Firm/Company

2038 Beach Avenue

\_\_\_\_\_  
Address

Atlantic Beach, FL 32233

\_\_\_\_\_  
City/State and Zip Code

staatsne@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Staats

732 687-6199  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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**

**FILED**

Meccas Two, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2025 JUL 14 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/04/2025 and assigned Florida document number 1.25000261696.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 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>  | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|--------------|--|--|
| AMBR         | Peter Staats | 2038 Beach Avenue, Atlantic Beach FL. 32233  | <input type="checkbox"/> Add               |
|              |              |  | <input checked="" type="checkbox"/> Remove |
|              |              |  | <input type="checkbox"/> Change            |
| AMBR         | Nancy Staats | 2038 Beach Avenue, Atlantic Beach, FL. 32233 | <input checked="" type="checkbox"/> Add    |
|              |              |  | <input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Change            |
|              |              |  | <input type="checkbox"/> Add               |
|              |              |  | <input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Change            |
|              |              |  | <input type="checkbox"/> Add               |
|              |              |  | <input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Change            |
|              |              |  | <input type="checkbox"/> Add               |
|              |              |  | <input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Change            |

