

8/7/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H19000235604 3)))



H190002356043ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAIDAN MANAGEMENT COMPANY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Requesting original filing date of

08/07/2019

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8/13/2019 11:33:35 AM PAGE 1/001 Fax Server



August 13, 2019

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsCAIDAN MANAGEMENT COMPANY, LLC  
777 WOODWARD AVENUE, SUITE 600  
DETROIT, MI 48226USSUBJECT: CAIDAN MANAGEMENT COMPANY, LLC  
REF: M15000004364

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As also requested in the previous letter. The certificate presented does not reflect the name change from the old name to new name.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist IIFAX Aud. #: H19000235604  
Letter Number: 119A00016640

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Caidan Management Company, LLC

2. The Florida document number of this limited liability company is: M15000004364

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: 06/02/2015

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MERIDIAN MANAGEMENT COMPANY, LLC  
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

Meridian Administration Company, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. 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*

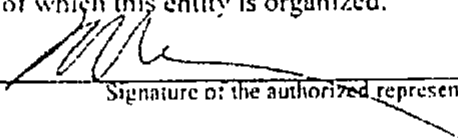
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

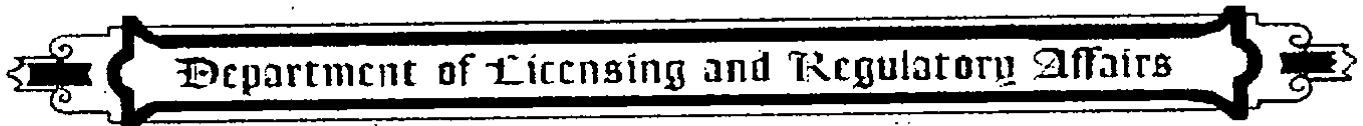
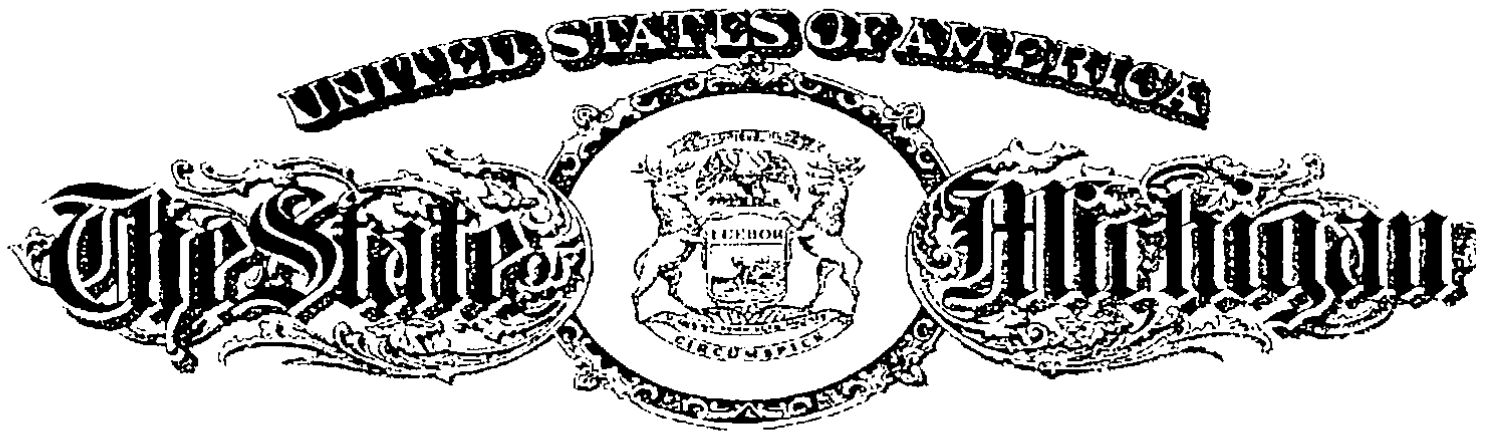
<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative  
 Michael W. Haber  
 \_\_\_\_\_  
 Typed or printed name of signer

**Filing Fee: \$25.00**

FILED  
 19 AUG -7 AM 12:30  
 STATE  
 OF FLORIDA



Lansing, Michigan

*This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

FILED  
19 AUG -7 AM 12:30  
TALLAHASSEE, FLORIDA



Sent by electronic transmission

Certificate Number: 19084650830

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of August, 2019.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpvent/certificate>.

CSCUCD-715 (Rev. 10/17)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU		
Date Received <b>JUL 22 2019</b>	AC1	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.		<b>FILED</b> <b>JUL 22 2019</b> ADMINISTRATOR CORPORATIONS DIVISION EFFECTIVE DATE:
Name Noelle Berard Address 8735 Henderson Road City Tampa State FL ZIP Code 33634		

Document will be returned to the name and address you enter above.  
If left blank, document will be returned to the registered office.

### CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by Limited Liability Companies  
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Amendment:

1. The present name of the limited liability company is: <u>Caidan Management Company, LLC</u>	
2. The identification number assigned by the Bureau is:	<u>801487558</u>
3. The date of filing the original Articles of Organization was: <u>12/23/2008</u>	
4. Article <u>1</u> of the Articles of Organization is hereby amended to read as follows: The name of the limited liability company is: <u>Meridian Management Company, LLC</u>	
5. <input type="checkbox"/> The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote. <input checked="" type="checkbox"/> The amendment was approved by unanimous vote of all the members entitled to vote.	
This document is hereby signed as required by Section 103 of the Act.	

Signed this 18th day of July, 2019

By: [Signature]

(Signature of Member, Manager, or Authorized Agent)

Michael W. Haber, Vice President & Assistant Secretary - Member  
(Type or Print Name and Capacity)