

To: 18506176383

6/8/2021

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2021-06-08 12:45:25 PST

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From: Range McGraw

Division of Corporations

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERIDIAN ADMINISTRATION COMPANY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

JUN 09 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

# 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: Meridian Administration Company, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M15600004364

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: 6.2.15

## 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," "L.L.C.," or "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," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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:

*Thereby 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

FILED  
2021 JUN -8 PM 4:51  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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
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_____	_____	_____	<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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.

Tricia Dinkelman

Signature of the authorized representative

Tricia Dinkelman

Typed or printed name of signer

Filing Fee: \$25.00

08  
E3

11:00

CSCU/CD-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	

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: Meridian Management Company, LLC	
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]

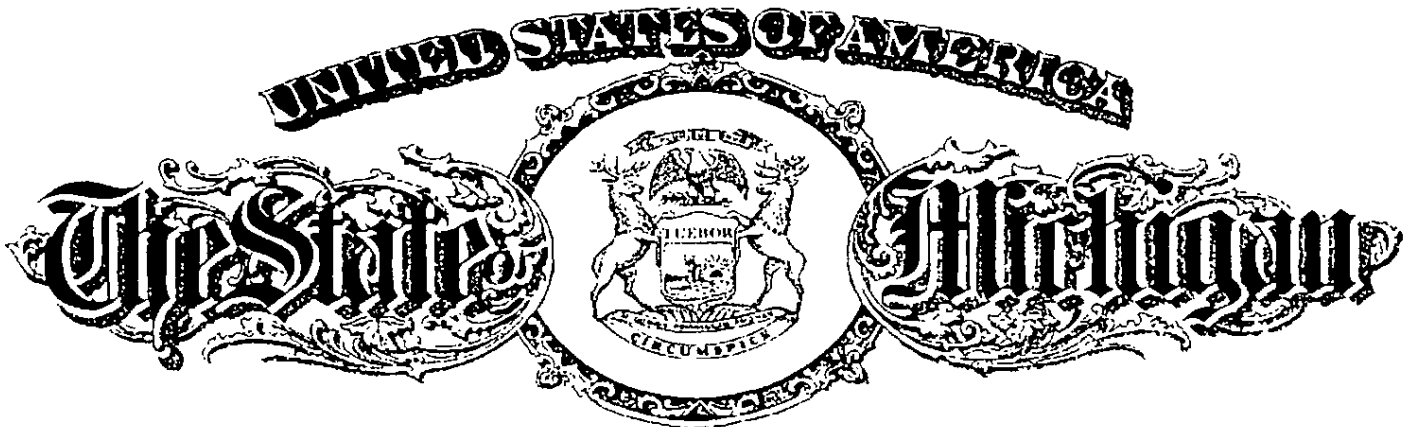
(Signature of Member, Manager, or Authorized Agent)

Michael W. Haber

Vice President &amp; Assistant Secretary - Member

(Type or Print Name and Capacity)





**Department of Licensing and Regulatory Affairs**  
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.*



Sent by electronic transmission

Certificate Number: 21060058606

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of June, 2021.*

*Linda Clegg*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau