

PO8D00084831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2020 JUL -5 AM 9:03

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Amend

JUL 06 2020  
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MERRICK FINANCIAL & CREDIT SERVICES, INC.

DOCUMENT NUMBER: POS000084831

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

A. SHAMIL SANDS

Name of Contact Person

MERRICK FINANCIAL & CREDIT SERVICES, INC.

Firm/ Company

3878 COCOPLUM CIRCLE

Address

COCONUT CREEK, FL 33063

City/ State and Zip Code

merrickfinancial@hotmail.com

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

For further information concerning this matter, please call:

A. SHAMIL SANDS

Name of Contact Person

at ( 786 ) 897-3612

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

## MERRICK FINANCIAL &amp; CREDIT SERVICES, INC.

POS000084831

(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

3878 COCOPLUM CIRCLE  
COCONUT CREEK, FL. 33063

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

3878 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Signature of New Registered Agent, if changing*

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

2020 11-05 11:07:11 AM 9:03

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>PDT</u>	<u>A. SHAMIL SANDS</u>	<u>9728 SW 142 PLACE</u>
<u>      </u> Add			<u>MIAMI, FL 33186</u>
<u>      </u> Remove			
2) <u>      </u> Change	<u>VDS</u>	<u>KAMELA R. BOOTH</u>	<u>10740 WASHINGTON ST</u>
<u>X</u> Add			<u>APT. 205</u>
<u>      </u> Remove			<u>PEMBROKE PINES, FL 33025</u>
3) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
4) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS ONE HUNDRED SHARES (100) AT \$5.00 PAR VALUE. THE SHARES OF STOCK ARE DIVIDED EQUALLY AT 50 SHARES EACH FOR A. SHAMIL SANDS AND KAMELA R. BOOTH

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

06/26/2020

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

06/26/2020  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

A. SHAMIL SANDS

\_\_\_\_\_  
(Typed or printed name of person signing)

PDT

\_\_\_\_\_  
(Title of person signing)