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COVER LETTER

SUBJECT: Meda Gi	oup Holding LLC		_
	Name of Lim	nited Liability Company	
š			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MILENA MILETIC		
		Name of Person	
	MEDA GROUP HOLDIN	G LLC	
	-	Firm/Company	
	800 West Avenue Apt 732		
		Address	
	MIAMI BEACH, FL 3313	9	
	medaholding@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Jelkic Andrej		657 2201701	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

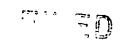
Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Meda Group Holding LL.C

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 15, 2019. ___ and assigned Florida document number L19000017257. 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 "L.L.C." 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

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.

City

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 of removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ZORAN PJEVAC	8830 SW 123rd CT APT2061, Miami, FL, 33186 US	Add
;			Remove
•			Change
AMBR	JELKIC OLIVERA	2423 SW 147TH AVE #652 MIAMI, FL. 33185 US	Add
			Remove
			Change
			Add
			Remove
			□ Change
	-		
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66. 41. 14. 16. 41. 41. 41. 41.				
ffective date, if other than the date an effective date is listed, the date must be tote: If the date inserted in this block occurrent's effective date on the Department.	c does not meet the applic	able statutory filing requ	(optional) in 90 days after filing.) Pursuant t irrements, this date will not be	o 605.020 e listed as
e record specifies a delayed e The 90th day after the recor	ffective date, but no d is filed.	t an effective time,	at 12:01 a.m. on the e	arlier o
ated September 26 JULLIA JU	2019	<u> </u>		
Milena M	iletic			
700(300/00				_
Si	gnature of a member or auth	orized representative of a n	nember	

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Filing Fee: \$25.00