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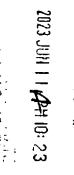
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S. FRANCIA JUNEAU (2003)

COVER LETTER

Tallahassee, FL 32314

	istration Se sion of Cor				
	NELSON F	ROJAS ĒLC			
SUBJECT:		Name of Lim	nited Liability Compa	ny	
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filing.		
		ndence concerning this matter	_		
		NELSON RAFAEL ROJA	AS JIMENEZ		
			Name of Pers	on	
		NELSON ROJAS LLC			
			Firm/Compar	ıy	
		8708 NW 113TH CT			
			Address		
		DORAL/FLORIDA/33178	8		
			City/State and Zip	Code	····
		MAGICWINTRADING.CO			
For further in	formation co	oncerning this matter, please e	to be used for future a	шиша героп поппо	сацоп,
NELSON RA	AFAEL ROJ	AS JIMENEZ	1	786-307-3634	
	Name of	Person Person	at (Area Cod	e Daytime	Telephone Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	рру	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address			eet Address:	
_	istration S ision of Ca	ection orporations		egistration Sect vision of Corpe	
	Box 632'	-		e Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MET2ON KONY2 FFC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	(COI / ZO		
		717 20		
The Articles of Organization for this Limited Liability Company	were filed on 04+1	and assigned		
Florida document number L20000094286				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
NELING-CORP LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation			
Enter new principal offices address, if applicable:		2023		
(Principal office address MUST BE A STREET ADDRESS)		: 2		
		The state of the s		
		70 B		
Enter new mailing address, if applicable:		信		
• • • • • • • • • • • • • • • • • • • •	·	T - 2		
(Mailing address MAY BE A POST OFFICE BOX)		ω		
B. If amending the registered agent and/or registered office a	address on our records, es	ater the name of the new registers		
agent and/or the new registered office address here:	address on our records, <u>er</u>	iter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	Ciņ	Zip Code		

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

MELCON BOLLC LLC

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 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>	Address	Type of Action
			□Add
			Remove
			Change
			□Λdd
		 	□ Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			Remove
			☐ Change
			☐ Change
			□Add
			Remove
			Change

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If an effective date is listed, th Note: If the date inserted	than the date of filing:
e record specifies a delaye rd is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
04/17/2023 Dated	NR
	Signature of a member or authorized representative of a member
	Nelson RAFAEL ROJAS Zimenez
	Typed or printed name of signee