

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000057655

Entity Name: OW-ME 330 LLC.

Current Principal Place of Business:

10165 NW 19 STREET
MIAMI, FL 33172

Current Mailing Address:

10165 NW 19 STREET
MIAMI, FL 33172

FEI Number: 46-3615283

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OLALDE, DAVID
320 86 STREET
#1
MIAMI BEACH , FL 33141 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID OLALDE

10/23/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------|-----------------|--------------------|
| Title | MGR | Title | MGR |
| Name | MACIAG, MATTHEW | Name | EASTON, ANDREW |
| Address | 350 S. SHORE DR #12 | Address | 10165 NW 19 STREET |
| City-State-Zip: | MIAMI BEACH FL 33141 | City-State-Zip: | MIAMI FL 33172 |
| | | | |
| Title | PRESIDENT | | |
| Name | OLALDE, DAVID | | |
| Address | 7910 HAWTHORNE AVE | | |
| City-State-Zip: | MIAMI BEACH FL 33141 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID OLALDE

PRESIDENT

10/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date