| <u>2023</u> | FLORIDA | LIMITED | LIABILITY | COMPANY | AMENDED | ANNUAL REPORT | |
|-------------|----------------|---------|-----------|---------|---------|---------------|--|
| | | | | | | | |

DOCUMENT# L22000490057

Entity Name: METACOMBE 1 LLC.

Current Principal Place of Business:

55 MERRICK WAY 202A CORAL GABLES, FL 33134

Current Mailing Address:

55 MERRICK WAY 202A CORAL GABLES, FL 33134

FEI Number: 92-1111314

Name and Address of Current Registered Agent:

ALEXANDRAKIS LAW PLLC. 55 MERRICK WAY 202A CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Authorized Ferson(s) Detail. | | | | | | | | |
|------------------------------|---------------------------|-----------------|-----------------------|--|--|--|--|--|
| Title | MGR | Title | MGR | | | | | |
| Name | HATZIPOLYCHRONIS, IOANNIS | Name | MAMALOUKAS, IOANNIS | | | | | |
| Address | 55 MERRICK WAY | Address | 55 MERRICK WAY | | | | | |
| City-State-Zip: | CORAL GABLES FL 33134 | | 202A | | | | | |
| | | City-State-Zip: | CORAL GABLES FL 33134 | | | | | |

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.

MGR

SIGNATURE: IOANNIS MAMALOUKAS

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 08, 2023 Secretary of State 5702560058CC

Certificate of Status Desired: No

Date