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(Requestor's Name)

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(City/State/Zip/Phone #)

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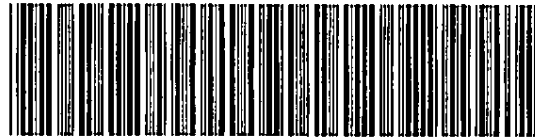
(Business Entity Name)

(Document Number)

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FILED
2021 FEB 28 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL.

A. BUTLER

MAR - 8 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Preemo, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ivan Mladenovic
Name of Person
Preemo, LLC
Firm/Company
9655 S Dixie Hwy, Suite 202
Address
Miami, FL 33156
City/State and Zip Code
makeivan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivan Mladenovic	305	218-2000
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION **FILED**
OF

2021 FEB 28 PM 2:31

Preemo, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) **SECRETARY OF STATE
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 02/20/2009 and assigned
Florida document number L09000017053.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mladenocorp, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6396 SW 96th Street

(Principal office address MUST BE A STREET ADDRESS)

Pinecrest, FL 33156

Enter new mailing address, if applicable:

6396 SW 96th Street

(Mailing address MAY BE A POST OFFICE BOX)

Pinecrest, FL 33156

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:

Ivan Mladenovic

New Registered Office Address:

6396 SW 96th Street

Enter Florida street address

Pinecrest

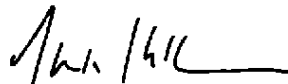
, Florida 33156

City

Zip Code

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.



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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

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.

Dated February 23, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee