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COVER LETTER

	Registration Se Division of Cor			
SUD IEC	100	PERTIES, LLC		
SUBJEC				
77 1 1				
		Amendment and fee(s) are sub	J	
Please re	turn all correspo	indence concerning this matter	to the following:	
		MORDECHAI GAL-OR		
			Name of Person	
		MEO PROPERTIES, LLC		٠ ا
		44.6	Firm/Company	1 27
		137 PHILLIPS PLACE		16 JUN 20 AM 11: 07
			Address	
		PITTSBURGH, PA 15217	7	9
			City/State and Zip Code	
		mgalor@gmail.com	to be used for future annual report notif	Instinu
For furthe	er information c	oncerning this matter, please c	•	(Cation)
MORDECHAI GAL-OR Name of Person			412 580-2421 at ()	Telephone Number
	ivanc o	i i cison	Area Code Daytime	: Terephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEO PROPERTIES, LLC				
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited	iny as it now appears o Liability Company)	n our records.)	·····
The Articles of Organization for this Limited Lia	_ and assigned			
Florida document number 1.14000042969				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here	:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:	3650 N 36TH AVE	ENUE APT 22	
(Principal office address MUST BE A STREET	ADDRESS)	HOLLYWOOD, F	L 33021	13 ACE
				一
Enter new mailing address, if applicable:		137 PHILLIPS PLA	ACE	ARY DI 120 I
(Mailing address MAY BE A POST OFFICE B	OX)	PITTSBURGH, PA	15217	= = 0
				<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered offi	ice address her	<u>e</u> :	-	
Name of New Registered Agent:	MIAMI ACCOUNTING AND TAX SERVICES LLC			
New Registered Office Address:	13899 BISCAY	YNE BLVD PH 9		
			street address	
	NORTH MIAN	AI BEACH City	, Florida	Zip Code
Now Designated Ament's Signature if shousing De		Cisy		Elp Conc

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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		-	□ Add
			□ Remove
			□ Change
<u></u>			
			□ Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted in locument's effective date of	date must be specif n this block does	ic and cannot be not meet the a	applicable st	of filing or mo atutory filing	re than 90 days	optional) after filing.) Pur , this date will	suant to 605.0207 not be listed as
e record specifies a c The 90th day after t			ut not an (effective ti	me, at 12:0	01 a.m. on	the earlier of
Dated June 14		2016	,				
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Mo	,	~~-					

Page 3 of 3

Filing Fee: \$25.00