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NEW DEC -2 P 12: 31

COVER LETTER

	Registration Sect Division of Corp			
SUBJEC	Meke	LLC		
SUBJEC	1:	Ni	ume of Limited Liabili	ty Company
Dear Sir	or Madam:			
The enclo	osed Statement o	f Correction and fee(s) are	submitted for filing.	
Please re	turn all correspor	ndence concerning this ma	atter to the following:	
Dav	id Kerr			
		Name of Person	··········	
High	n Point I	Realty		
		Firm/Company		
413	Clevela	and St		
	<u> </u>	Address		
Clea	arwater,	FL 33755		
	Cit	y/State and Zip Code		
dav	idkerr20	09@gmail.d	com	
E-1	nail address: (to	be used for future annual	report notification)	
For furth	er information co	oncerning this matter, plea		
Dav	id Kerr		at (<u>727</u>)	466-6697
	Name o	f Person	Area Code	Daytime Telephone Number
Registrate Division Clifton I 2661 Ex-	I'/COURIER A) tion Section of Corporations Building ecutive Center C see, Florida 3230	ircle	ת ב יו	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclose	d is a check for	the following amount:		
\$25	Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>SECON</u>					
THIRD:	Document to be corrected is: Name and Address	#1 -ARticles of organization			
	(CHECK THE APPROPRIATE BOX AND COMPLETE TH	IE APPLICABLE STATEMENT			
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:				
	MGRM is stated as Ella Ben Nah Um. Needs to I	be deleted and changed to:			
	MGRM, Alberto Kattan, (Address) Moshav Po	orat, (City, State) Moshav			
	Porat, IL (Zip Code and Country) 45820 IL				
	OR				
	Was defectively signed. The manner in which the document was defect as follows:				
		CO manufacture			
		10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	OR	P P P			
	The electronic transmission of the record was defective.	ANTE 37			
	_ Much L. Krin	Date			
_	Signature of Authorized Representative are of new registered agent, if applicable :(NOTE: if correcting the regising the designation).				
Thereby provisio oblivati	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my ions of my position as registered agent as provided for in Chapter 605, i a change in the registered office address, I hereby confirm that the limit change.	y duties, and I am familiar with and accept the F.S. Or, if this document is being filed to merely ted liability company has been notified in writing			
	Registered Agent's Signatur				
	Filing Fee: \$25.0 Certified Copy: \$30.0	00 00 (optional)			