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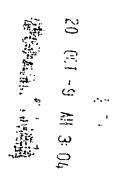
(Re	equestor's Name)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT M	=2 Homes	1.15	
SUBJECT:			_
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cuis	AMORETTI.	
		Name of Person	
	MERU	Moroes LLC	_
	RECT: MEED Moroes LLC. Name of Limited Liability Company e enclosed Articles of Amendment and Rec(s) are submitted for filing. case return all correspondence concerning this matter to the following: Luis Froze TI.		
	How	wm F(330	020
		City/State and Zip Code	
	F-mail address:	ES CLC @ GMA, L. C	Zan.
For further information e		•	meaton
	AMORETTI	at (<u>754)</u> 2174	<u> </u>
Name o	i rerson	Area Code Daytin	ne Telephone Number
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Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		LC.				
(Name of the Limited (A	<u>Liability Company a</u> Florida Limited Liabi	<u>s it now appear</u> lity Company)	<u>s on our record</u>	<u>s.</u>)		
The Articles of Organization for this Limited Liab	ility Company wer	re filed on	07-24	-17.	and assigned	
Florida document number <u>L-17000 158</u>						
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liability	company he	re:			
	N/A.					
The new name must be distinguishable and contain the word	s "Limited Liability C	ompany," the de	esignation "LLC	or the abbr	eviation "L.L.C."	,
Enter new principal offices address, if applicabl		_ N/	<u>/</u>			
(Principal office address MUST BE A STREET A	(ADDRESS)	<u> </u>	N/A			
	_	_	N/m			•
			,			
Enter new mailing address, if applicable:	_	_	N/A.	_	-··-	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		N/A			
			ر <u>م</u> ار د	rate:	<u> </u>	
				51: -	- 4	
B. If amending the registered agent and/or regisagent and/or the new registered office address h	stered office addr <u>ere</u> :	ess on our re	ecords, <u>enter</u>	the name e	of the new registe	<u>red</u>
					55 51	
Name of New Registered Agent:	LUIS	And	DERTI.		DILLING 3, #	
New Registered Office Address:	230 5.	Dixie	HIGHW	ay Z	JILING B. #	100Z
		Enter Flori	aa street address			
-	Hory	10003	, Flo	rida	33020	
	,	CIÍ			лір Соае	

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	17 LE FAUDEO DOMINGO	230.5. DIXIE HIGHURY BUILDING D. # 1002	\alpha\dd
	O	HOLLYWOOS, FL, 33020	□Remove
			□Change
			🗆 Add
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fan effec <u>Note:</u> H	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
1	OCTOBER 5Th. 2020
Dated	