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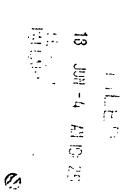
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O SIMMONS

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Meguste Ent	terpose Luc ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
		Mario Merju	ste
	Merjust	Firm/Company	J.C.
	762	. Ucaya Dr.	· · · · · · · · · · · · · · · · · · ·
	\\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Simmel FL 34 City/State and Zip Code	758
	E-mail address: (to	amplayday@	amal. Com
For further information con-	cerning this matter, please cal	l:	
Jonathan Name of P	Meguste	at (<u>860</u>) <u>70</u> Area Code Day	5-lo547 time 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, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meguste (Name of the Limited Liab (A Flor	Enterprise UC pility Company as it now appears on our records.) ida Limited Liability Company)
	Company were filed on OCT. 9th 2017 and assigned
This amendment is submitted to amend the following:	
Articles of Organization for this Limited Liability Company were filed on OCL 9th 3017 and assigned da document number L17000307999. amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) For new mailing address, if applicable: If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 102 WCQYA DY.	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
	52
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	Jonathan Menjuste
New Registered Office Address:	762 Waya Dr. Enter Florida street address
	KASSIMMEE Florida 34758 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Jonathan Meguste	762 Waya Dr.	IS ØAdd
		Vassimmer FL 34758	☐ Remove
			☐ Change
MGR	Jacqueline Menuste	762 Waya Dr.	j ⊠⁄Add
		762 Waya Dr. Vissimmee, FL 34758	☐ Remove
			Change
			Add
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Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be k does not meet the	applicable statutory	or more than 90 days aff	
erecord specifies a delayed The 90th day after the reco		ut not an effecti	ve time, at 12:01	a.m. on the earlier
med May 25th	20	018		
	200	Than	<u></u>	
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Filing Fee: \$25.00