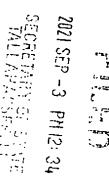
L18000063704

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Meetab US	SA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph L. Susi		
		Name of Person	
	Joseph L. Susi, CPA PA		
		Firm/Company	
	2959 1st Ave N		
		Address	
	St Petersburg FL 33713		
	d colorrollo@mestab it	City/State and Zip Code	
	d.colonnello@meetab.it E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Joseph Susi		727 388-4333	
Name (of Person	at () Area Code Dayt	ine Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	landin.
Registration Division of (Registration S Division of C	
P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000063704	were filed on <u>03-13-2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MEETAB SCIENTIFIC LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE 20
(Principal office address MUST BE A STREET ADDRESS)		I STP
		- ω fr
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX	<u>.</u>	2: 34
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , FIORIDA	Zip Code

New Registered Agent's Signature, it 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
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			□Change
			🗀 Add
			Remove
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record specifies a delaye l is filed.	d effective date, be	ut not an effective	e time, at 12:01 a	.m. on the earlier	of: (b) The 901	h day after th
		2021				
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Pated AUGUST 27		e of a member or au				

Filing Fee: \$25.00