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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| | gistration Se ision of Cor | | | | |
| SUBJECT | MESO21 L | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | CHARLES RAETHER | | | |
| | | | Name of Person | | |
| | | AMLAW GROUP PLLC | LLC | | |
| | | - | Firm/Company | 10 | |
| | | 3505 S Ocean Dr, Suite CU | J-l | | |
| | | | Address | | |
| | Hollywood, Fi | Hollywood, Fl, 33019 | | | |
| | | | City/State and Zip Code | | |
| | | charles@amlawpro.com E-mail address: (to be used for future annual report notification) | | | |
| | | | • | tilication) | |
| For further in | nformation co | oncerning this matter, please ca | all: | | |
| Charles Rae | ther | | 305 5096400 at () | | |
| | Name of | f Person | | me Telephone Number | |
| Enclosed is a | a check for th | ne following amount: | | | |
| ■ \$25.00 F | iling 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, FL 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

| MESO21 LLC | | |
|---|--|---------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Jability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L18000178160 | were filed on 07/24/2018 | 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: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2 8 |
| Principal office address MUST BE A STREET ADDRESS) | | 007 |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | 7/ | 2 2 |
| | | |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | er the name of the |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florida | |
| | 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> | <u>Address</u> | Type of Action |
|--------------|-----------------------|--|----------------|
| AMBR | NIKOLAY SHISHKIN | | |
| | | 2122 GLAMIS COURT DRAPER, UT 84020 | ■ Remove |
| | | | Change |
| AMBR | Aleksandr Rakhimgulov | 49 50years VLKSM, Apt 35, Izhevsk, 426054 | = Add |
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| ctive | date, if other than the date of filing: (o | ptional) | |
| <u>ie:</u> li | ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a the date inserted in this block does not meet the applicable statutory filing requirements, | | |
| umen | t's effective date on the Department of State's records. | | |
| recor | rd specifies a delayed effective date, but not an effective time, at 12:0 | 1 am on the | o parlior |
| he 9 | Oth day after the record is filed. | 2 3 011 (116 | , carrier |
| | D. L. bax 10 200 | | |
| ed | October 10 2018 | | |
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Page 3 of 3

Filing Fee: \$25.00