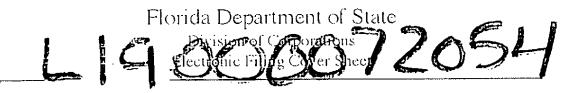
To: 18506176383 From: 14693173436 Date: 11/11/22 Time: 7:12 PM Page: 01/05



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELELE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 NOV 14 ANTI: 31

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NOV 15 2022

To: 18506176383 From: 14693173436 Date: 11/11/22 Time: 7:12 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000378091 3)))

MELELE HOLDINGS, LLC a Flo			
(Name of the Limit	ed Liability Com (A Florida Limited	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Li Florida document number L19000072054		ny were filed on 03/14/2019	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lia	ability company here:	
18332, LLC, a Florida limited liability company			
The new name must be distinguishable and contain the w	ords "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	Same	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		Same	
•			<del></del>
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or r		e address on our records, enter the n	name of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	Same		2022
New Registered Office Address:			<u></u>
		Enter Florida street address	

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.

Cit

If Changing Registered Agent, Signature of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

To: 18506176383 From: 14693173436 Date: 11/11/22 Time: 7:12 PM Page: 04/05

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 (((H22000378091 3)))

Title	<u>Name</u>	Address	Type of Action
MGR	ALVAREZ LEGACY, LLC. a Florida limited linbility company	15961 NW 83 Place, Miami Lakes, FL 33016	
		□Reniovo	
			Change
MGR Sandro M. Alvarez		🗆 Add	
	15961 NW 83 Place, Miami Lakes, FL 33016	≣Кенюче	
		C) Change	
		□Add	
		□Remove	
		□Change	
		🗆 Add	
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martide State - 440	
(If an effective d	tte, if other than the date of filing:
	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after th
cord is filed.	
	2022 2022
Dated (Joseph	2022 2022
	Signature of a member or authorized representative of a member

(((H22000378091 3)))