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COVER LETTER

ГO:	Registration Se Division of Cor			
SUBJE		agement and Consulting LLC		
SUBJE	<u> </u>	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Dany Raffoul		
			Name of Person	
		Metro Management and Co	ensulting LLC	
			Firm/Company	
		1800 Sunset Harbour Drive	e Suite 2207	
			Address	
		Miami Beach, FL 33139		
		danyraffou!@gmail.com	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please co	dl:	
Dany I	Raffoul		786 9425423 at ()	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2:	5.00 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:

TO:

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

Metro Management and Consulting LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	-
The Articles of Organization for this Limited Liability Con	npany were filed on July 3rd 2019	and assigned
Florida document number L19000173902		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Politeia LLC		
The new name must be distinguishable and contain the words "Limited	! Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	SS)	
		7: 0 =
		20 m ≅ 0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
HAT BE AT OST OFFICE BOAT	-	- इंट 2
B. If amending the registered agent and/or register	red office address on our records	antar the name of the
egistered agent and/or the new registered office addres	s here:	enter the name of the
Name of New Registered Agent:	Pili	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	do
	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
AR	Raffoul, Lyubov A	1800 Sunset Harbour Dr. #2207	
		Miami Beach, FL 33139	
			■ Remove
			Change
MNGR	Dany Raffoul	1800 Sunset Harbour Drive Suite 2207	
		Miami Beach, FL 33139	
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
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ffective date, if other than the dat an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior to date does not meet the applicable s	of filing or more than 90 days	optional) after filing.) Pursuant to 605.020 , this date will not be listed as
e record specifies a delayed ef The 90th day after the record		effective time, at 12:	01 a.m. on the earlier o
ated August 26th	2019		
	fallas		
Sig	nature of a member or authorized	representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00