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Division of Corporations

Fax Number : [850]617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone

Fax Number : (561)694-1639

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERAKI USA LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERAKI USA LLC		·
(Name of the Limited Liability Compa (A Florida Limited)	ny 21 it now appears on our records. Liability Company)	J
The Articles of Organization for this Limited Liability Company Florida document number L20000000540	were filed on 12/18/2019	and assigned
Florida document number L20000000540 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS)		
A. If amending name, enter the new name of the limited liab	ility company here:	
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:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		29/0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address	Enter Florida street address	. 9
	. Flo	
	City , F10	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>	Name	Address	Type of Action
MGR	MIGUEL ENRIQUE MIRABELLA	8925 Collins Ave, Apt 8A	□Add
		Surfside FI, 33154	□Remove
			■ Chang•
			□ Add
			□Remove
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record specifies a delayed effecti d is filed.	ve date, but at	ot an effective	s time, at 12:0	1 a.m. on the	carlier of: (b)	The 90th day	after th
January 28th		2020					
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