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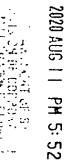
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COVER LETTER

TO:	Registration Division of C			
CHD IE/		Ventures, LLC		
SUBJE	CI;	Name of Lin	nited Liability Company	
The encl	losed Articles (of Amendment and fee(s) are sub	omitted for filing.	
		pondence concerning this matter	<u>-</u>	
		Michael Grosswald		
			Name of Person	
		MESLM Ventures, LLC		
			Firm/Company	
		7210 NW 40th Street		
		··	Address	
		Coral Springs, FL 33065		
			City/State and Zip Code	
		mi.ke.gwald3@gmail.com		
		E-mail address:	to be used for future annual report not	tification)
For furth	ner information	i concerning this matter, please o	rall:	
Michael	Grosswald		954 789-0737	
	Name	e of Person	Area Code Daytir	me Telephone Number
Enclosed	d is a check for	r the following amount:		
년 \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration		Street Address: Registration Se	ection
		Corporations	Division of Co	
	P.O. Box 63		The Centre of	
	Tallahassee	FI 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MESLM Ventures, LLC

(Name of the Limited Liability	Company as it now appears on our record imited Liability Company)	<u>s) </u>
(A Florida I	limited Liability Company)	= 1
The Articles of Organization for this Limited Liability Co.	mpany were filed on 7/28/2020	andassigned
Florida document number L.20000213717		
	-	是日
This amendment is submitted to amend the following:		San in
A. If amending name, enter the new name of the limite	ed liability company here:	5: 52
A. If amending fame, enter the new fame of the finite	cu nabinev company nere.	••
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
F-ton ili add ifli		
Enter new mailing address, if applicable:	 	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u></u>
Name Description of Office Addresses		
New Registered Office Address:	Enter Florida street addres.	· · · · · · · · · · · · · · · · · · ·
	, Flo	Zip Code
		гір Сопе

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>	Address	Type of Action
AMBR	Levi Grosswald	173 Liverrmore Avenue, Staten Island, NY 10314	□Add
			■ Remove
			□Change
AMBR Seth Grosswald	Seth Grosswald	7210 NW 40th Street, Coral Springs, FL 33065	= Add
			□Remove
			□Change
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			Change
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			□Remove
			Change
	- 		□Add
		 	Remove
			□ Change

	
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ective	e date, if other than the date of filing:
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cumen	t's effective date on the Department of State's records.
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med	•
e.s.d	8/7/2020
ted	
	4 VIVO COLI
	Signature of a member or authorized representative of a member
	Michael Grosswald
	whender chosen and