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SOBJEC (	·	Name of Lin	nited Liability Company	<del></del>		
The enclos	sed Articles of	Amendment and fee(s) are sub	amittad for Glina			
		ndence concerning this matter	_			
		-	Ç			
		Matthew Melguizovski				
			Name of Person			
			Firm/Company			
		10661 sw 8th st				
			Address			
		Pembroke Pines/Florida/3;	3025			
			City/State and Zip Code			
		mmelg007@gmail.com				
For further	information co	E-mail address: ( oncerning this matter, please c	to be used for future annual re	port notification)		
		, premie s				
Matthew N	4elguizovski		954 2491 at ( )	447		
	Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for the	e following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
	ailing Address		<u>Street Add</u>	ress:		
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centry of Tallahassas				

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## TO ARTICLES OF ORGANIZATION OF

Melguizo LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/26/2020}{10}$ and as Florida document number 1,20000338920 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. 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: 10661 SW 8th st New Registered Office Address: Enter Florida street address Pembroke Pines City 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

### or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Туре с</u>
MGR	Leonid Melguizovski		□Ac
		2633 meadowedge loop saint cloud	≣Re
			□Ch.
MGR	Matthew Melguizovski	10661 SW 8th st Pembroke Pines FL, 33025	<b>=</b> Ade
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be be
he record specifies a delayed effective date, but not an effective time, at $12:01~a$ , ord is filed.	.m. on the earlier of: (b) The 90th day at
Dated November 12 2020	
MA Meloganorska Signature of Friember or authorized representa	
Signature of a member or authorized representa	itive of a member