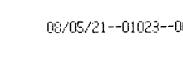
## L21000092831

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor				
Mettinos L	LC			
SUBJECT:	Name of Lim	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	•		
	Mehmet Agolli			
		Name of Person	_	
	Mett			
		Firm/Company		
	26251 S Tamiami Trail#	5		
		Address		
	Bonita Springs FL 3413	4		
	<del></del>	City/State and Zip Code	<del></del>	
	ediandsiennagroup@gm			
	E-mail address: (	to be used for future annual report notification)	_	
For further information c	concerning this matter, please c	all:		
Matt Agolli		347 3510303		
N'ame o	of Person	Area Code Daytime Telephone Nun	ther	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
<u>Mailing Addres</u> Registration (		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION .... **OF**

21 AUG -5 PH 2: 20

Mettinos 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 Florida document number L21000092831	y were filed on February 24 2021	and assigned
This amendment is submitted to amend the following:		
	1997	
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "L1,C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cuy	Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	24ddress PH 2: 20	Type of Action
MGR	Altin Kore	648 100th Avenue N	
		Naples FL 34108	
			□Change
			□ Add
		****	Remove
			□Change
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		<del></del>	□Remove
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			□ Change

	- 24 2: 20
•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E Coas	ive date, if other than the date of filing:
(It an et	ive date, if other than the date of filing:
	ent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	July 30th / 2021
Dated	<del></del> ·//
	Mun 1 X/m
	Signature of a member or authorized representative of a member
	Mehmet Agolli