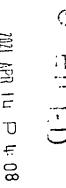


| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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04/14/21--01011--010 **25.00





COVER LETTER

| то: | Registration Sec Division of Corp | | | |
|--------|---|---|---|---|
| | | AGEMENT LLC | | · |
| SUBJ | ECT: | Name of Limit | ed Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | |
| Please | return all correspo | ndence concerning this matter t | o the following: | |
| | | Natalia Martmez | | |
| | | | Name of Person | |
| | | Artemis Creek Partners Ltd | _ | |
| | | | Firm/Company | |
| | | 3333 Stanford ave | | |
| | | | Address | |
| | | Dallas, Tx, 75225 | | |
| | | | City/State and Zip Code | |
| | | natremonda@gmail.com | o be used for future annual report notifica | tion) |
| For fu | irther information c | concerning this matter, please of | | |
| | ia Martinez | | 210 842-8940 | |
| | | of Person | at () Area Code Daytime To | elephone Number |
| Enelo | osed is a check for t | he following amount: | | |
| ×ς | 325.00 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 one losed) |
| | | | | 11 BdV |
| | Mailing Addre Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3 | on Drations E Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MEV HANAGE | EMENT, LLC | | |
|--|--|--|--|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) ality Company) | | |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000142265</u> . | inited Liability Company were filed on Ha(ch 2C, 2021 and assigned imited liability company here: Limited Liability Company here: Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." DRESS) Pered office address on our records, enter the name of the new registered | | |
| This amendment is submitted to amend the following: | ment number L21000142265 ment is submitted to amend the following: ling name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: Give address MUST BE A STREET ADDRESS Initial the registered agent and/or registered office address on our records, enter the name of the new registered of the new registered office address here: Initial the registered Agent: | | |
| (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 MacCol. 26, 2021 and assigned Florida document number L21000142265 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 "LLC." Enter new principal offices address, if applicable: **Principal office address MUST BE A STREET ADDRESS** Enter new mailing address MUST BE A STREET ADDRESS** Enter new 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 registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: **Enter Florida Top Code*** **Enter Florida Top Code** **Enter Florida Top Code** **New Registered Agent's Signature, if changing Registered Agent: **Top Code** **New Registered Agent's Signature, if changing Registered Agent: **Top Code** **New Registered Agent's Signature, if changing Registered Agent: **Top Code** **Top Code** **Top Code** **New Registered Agent's Signature, if changing Registered Agent: **Top Code** **Top Co | | | |
| 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) | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: | fress on our records, <u>enter the name of the new registered</u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florido street address | | |
| | | | |
| New Registered Agent's Signature, if changing Registered Agent: | 7.59 | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | to act in this capacity. I further agree to comply with the erformance of my duties, and I am fantiliar with and evided for in Chapter 605, F.S. Or, if this document is | | |

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 | Artemis Creek Partners Ltd. | 3333 Stanford ave, Dallas, TX, 75225 | |
| | | | □Remove |
| | | | &Change |
| MGR | Harco Cura | 3333 Stanford Ave Dailo, Tx, 75225 | % Add |
| | | | [_]Remove |
| | | | □Change |
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| fective date, if other than the date in effective date is listed, the date must be spi | ecific and cannot be prior to da | ate of filing or more than 90 | (optional) 9 days after filing.) P | ursuant to 605.020 |
| ote: If the date inserted in this block decument's effective date on the Departn | oes not meet the applicable | statutory filing require | ments, this date wi | ll not be listed a |
| reminent seriestive dute on the Departi | Tell of Dane 2 Jeen am | | | 7021 Š |
| record specifies a delayed effective date. | , but not an effective time. | at 12:01 a.m. on the ear | rlier of: (b) The ^c | the day after the |
| is filed. | | | | |
| A i.a. | | | | 0 .7 |
| ated April 8th | 2021 | | - | |
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