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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553

Fax Number : (305)397-8521

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEEDI SERVICES, LLC

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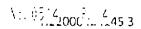
TO: Registration S Division of Co			
em mor.	MEEDI	SERVICES, LLC	
SUBJECT:	Name of Lir	nited Liability Company	····
	Amendment and fee(s) are sulondence concerning this matter		
1			
	JOF	RGE L FERNANDES AMAYA	
		Name of Person	
		MEEDI SERVICES, LLC	
		Firm/Company	
	2601 }	VW 16TH STREET RD APT 438	3
		Address	——————————————————————————————————————
		MIAMI, FL 33125	
		City/State and Zip Code	
	JORG	GEFERNAMA@GMAIL.COM	
	E-mail address: (to be used for future amutal report of	otification)
For further information o	oncerning this matter, please o	all:	
JORGE L FERN	ANDES AMAYA	929	331 0638
Name o	f Person	at (at CodeBayt	ime Telephone Number
Enclosed is a check for t	ne following amount:		
≅ \$25.00 Filing Fee	□ \$30.00 Filing Pee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution from Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TÓ ARTICLES OF ORGANIZATION OF

2022 DEC 19 AM 11: 27

MEEDI SERVICE	S, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s It now appears lity Company)	un vur records.)	
The Articles of Organization for this Limited Liability Company wer	re filed on	06/08/2021	and assigned
Florida document numberL21000267166			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company her	<u>''e</u> :	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the de	signation "LLC" or the a	bbrevistion "L.L.C."
Enter new principal offices address, if applicable:	2601 NW 16TH STREET RD APT 438		
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33125	
Enter new mailing address, if applicable:	2601 1	VW 16TH STREET RI	D APT 438
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33125		
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here: Name of New Registered Agent:	ress on our rec	cords, <u>enter the nan</u>	ne of the new register
New Registered Office Address:			
	Enter Floric	la sireet address	
		, Florida	
_ .	Citr		Zio 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, 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
AMBR	JORGE LUIS FERNANDES AMAYA	2601 NW 16TH STREET RD APT 438	□Add
		МІАМІ, FL 33125	□Remove
			<u></u>
AMBR	MELODY JELL ATOCHE GUEVARA	260! NW 16TH STREET RD APT 438	□Add
		MIAMI, FL 33125	🖾 Remove
			ЕСһалде
AMBR	MELODY FERNANDES ATOCHE	2601 NW 16TH STREET RD APT 438	= Add
		MIAMI, FL 33125	[]Remove
			Change
			□Add
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fective d	date, if other than the date of filing:	12/16/2022	(optional)	
ote: If th	e date is listed, the date must be specific and ca te date inserted in this block does not mod s effective date on the Department of Stat	rt the applicable statutory filing r	than 90 days after filing.) Pursuant to 605,0 requirements, this date will not be listed)207 (3)(d as the
ecord spo is filed.	ecifies a delayed effective date, but not an	effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after t	he
ted	DECEMBER 16	2022		
		Restauren un		
_		mber or authorized representative of		

Filing Fee: \$25.00

Typed or printed name of signer