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| (Requestor's Name) | |
|------------------------------------------------|--|
| (Address) | |
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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
| Consider the Association of Title of Officers | |
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| CHD IF | MEW GRO | OUP LLC | • | |
| SUBJEC | -1: | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | EDSON ROBERTO AGU | IAR | |
| | | | Name of Person | |
| | | MEW GROUP LLC | | |
| | | | Firm/Company | |
| | | 930 WOODLAND AVE. | | |
| | | | Address | |
| | | WEST PALM BEACH, F | L 33415 | |
| | | | City/State and Zip Code | |
| | | EXPRESSAMS314@GMA | IL.COM to be used for future annual report n | otitiontion |
| For furth | er information o | oncerning this matter, please c | | omkalony |
| EDSON ROBERTO AGUIAR | | 760 349-8865 | | |
| Name of Person | | | at () Area Code Dayt | ime Telephone Number |
| Enclosed | l is a check for the | he following amount: | | |
| ■ \$25 . | 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 enclosed) |
| | Mailing Addres | | Street Address: | |
| | Registration : Division of C | | Registration S Division of C | |
| | P.O. Box 632 | • | The Centre of | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 OCT 25 PH 3: 39 SECRETARY OF STAIN TALL TOWN

| MEW GROUP LLC | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) bility Company) | |
| The Articles of Organization for this Limited Liability Company we Florida document number L21000352380 | ere filed on <u>08/05/2021</u> | and assigned |
| The Articles of Organization for this Limited Liability Company were filed on 08/05/2021 and assigned Florida document number L21000352380 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, 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 registered agent and/or the new registered office address here: | | |
| A. If amending name, enter the new name of the limited liability | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abbrev | viation "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) | | |
| | | |
| | dress on our records, <u>enter the name o</u> | f the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr heing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t | illiar with and 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 | |

| Title | Name | Address | Type of Action |
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| ective date, if other tl | han the date of filir | 10. | | | (| optional) | | |
| n effective date is listed, the | date must be specific an | id cannot be pr | ior to date o | f filing or mo | re than 90 days | after filing.) | Pursuant to 605 | 5.0207 (3)(b) |
| te; If the date inserted in | n this block does not | meet the app State's recor | licable sta ds | tutory filing | requirement | s, this date v | vill not be list | ed as the |
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| | Signature of a | member or at | uthorized re | presentative o | a member | | | |