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NAME: MENEEDA LLC

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DocuSign Envelope ID: F79F873A-099C-43A5-92E9-94CB5A3C7DDA COVER LETTER TO: **Registration Section Division of Corporations** MENEEDA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Darren Crawford Name of Person MENEEDA LLC Firm/Company 5626 TUGHILL DRIVE Address TAMPA, FL 33624 City/State and Zip Code mrdarrenerawford@hotmail.com

For further information concerning this matter, please call:

Kyle A. Delgado, Esq. 300-3055 Daytime Telephone Number Name of Person

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■ \$25.00 Filing Fee

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MENEEDA LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000438884</u> .	y were filed on 10/06/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	.LC" 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:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		Florida
	City	

w 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 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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: F79F873A-099C-43A5-92E9-94CB5A3C7DDA in amending Authorized rerson(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	Thuy Nguyen Crawford	5626 TUGHILL DRIVE	■Add
		TAMPA, FL 33624	□Remove
			[]Change
			□Add
			□Remove
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TAMPA, FL 33624 to M	ENEEDA LLC.						
		 					
							
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effective date is listed, the date e: If the date inserted in thi							
ument's effective date on th	e Department o	f State's records.					
cord specifies a delayed effe s filed.	ective date, but n	ot an effective ti	me, at 12:01 a.n	n, on the earlier of	of: (b) The	90th day	y after (
s filed.							
ed		2024					
Docusioned by Damin (rawford		-·	_ ·				

Filing Fee: \$25.00

Typed or printed name of signee