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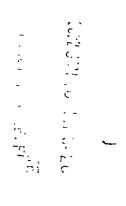
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				

Office Use Only



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A. **BUTLER** JAN 1 4 2022

## **COVER LETTER**

TO: Registration Se Division of Cor		·	
SUBJECT: Meter	adeals LLC		
<u> </u>	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Imro	Name of Person	
	Mc+	rimi/Company	
	16031 SW M4 1	TELK Address	
	Miami, 1	City/State and Zip Code  blo e gmil. com  to be used for future annual re	
For further information c	E-mail address: (		port notification)
Inrava R	ooki	at ( <u>186</u> ) -	TIH -8108 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
⚠S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5		Street Add Registrati	iress: ion Section
Division of C		Division	of Corporations
Registration 5	Section forporations 17	Registrati Division The Cent	ion Section

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		., 0, 20
Metadeals, LLC	npany as it now appears on our records.) ed Liability Company)	$F_{ij}(\mathcal{E})$
(A Florida Limited Liability Com	ed Liability Company)	-27,77
The Articles of Organization for this Limited Liability Compa	ny were filed on 12/21/2021	and assigned
Florida document number 12100535124		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
	II. and m	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	ime of the new regist
Name of New Registered Agent:	·····	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code

## New 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 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
MGR	Imrana Roohi	K031 SW 144 TELL	
		Miani, FL 33196	□Remove
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			□ Change
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If an effective Note: If th	e date is listed, ti le date inserted	than the date ne date must be spe in this block do on the Departm	ecine and ea les not mee	mnot be prior t et the applica	o date of filing	or more than S filing require	(option to days after firements, this o	ling.) Pursuant to	o 605.0207 e listed as
e record spo rd is filed.	ecifies a delayo	ed effective date.	but not ar	n effective tin	ne, at 12:01 a	a.m. on the ea	irlier of: (b)	The 90th day	after the
Dated	Jawar	1 1 1 1 1 1	Mu	2022 a Ro	oh	tative of a men	, hur		_
		<b>G</b> rigital	uic or a life	roser or audio	med represen	total of a file.	racin t		