

L22 0000 676 98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

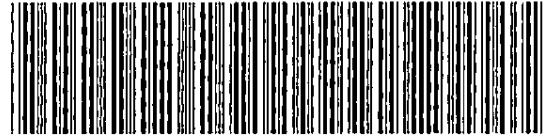
(Business Entity Name)

(Document Number)

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2024 JUN -6 PM 12: 09
2024 JUN -6 AM 10: 50
SECRETARY OF STATE
STATE OF MISSISSIPPI, FLORIDA

Handwritten initials

COVER LETTER

**TO: Registration Section
Division of Corporations
GRAFENO REALTY, 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:

IGOR RASCHKOVSKY

Name of Person
GRAFENO REALTY, LLC

Firm/Company
409 W. HALLANDALE BEACH BLVD., SUITE 208

Address
HALLANDALE, FL 33009

City/State and Zip Code
igor.raschkovsky@grafenoinvestments.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Victoria Campos
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAFENO REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2024 JUN -6 PH12:
and assigned

The Articles of Organization for this Limited Liability Company were filed on 02/18/2022
Florida document number L22000067698

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Name of New Registered Agent: N/A

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 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

or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|------------------------------|--|
| MGR | GRAFENO INTERNATIONAL | IFZA BUSINESS PARK | <input checked="" type="checkbox"/> Add |
| | INVESTMENTS - FZCO | DUBAI SILICON OASIS | <input type="checkbox"/> Remove |
| | | DUBAI- UNITED ARAB EMIRATES | <input type="checkbox"/> Change |
| MGR | LME VENTURES, LLC | 409 W. HALLANDALE BEACH BLVD | <input type="checkbox"/> Add |
| | | SUITE 208 | <input checked="" type="checkbox"/> Remove |
| | | HALLANDALE, FL 33009 | <input type="checkbox"/> Change |
| P | IGOR RASCHKOVSKY | 409 W HALLANDALE BEACH | <input type="checkbox"/> Add |
| | | BLVD #208 | <input checked="" type="checkbox"/> Remove |
| | | HALLANDALE BEACH, FL 33009 | <input type="checkbox"/> Change |
| V | JEREMY MILGROOM | 409 W HALLANDALE BEACH | <input type="checkbox"/> Add |
| | | BLVD #208 | <input checked="" type="checkbox"/> Remove |
| | | HALLANDALE BEACH, FL 33009 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 22ND, 2024

DocuSigned by:
Igor Raschkovsky - GREENB FLD

Signature of a member or authorized representative of a member

IGOR RASCHKOVSKY

Typed or printed name of signee