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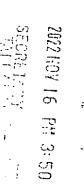
(Requestor's Name)
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(Business Entity Name)
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## **COVER LETTER**

TO: Registration S Division of Co				
META ED	•			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	·		
Please return all correspo	ondence concerning this matter Enxiang Wang	to the following:		
		Name of Person		
	META EDW LLC			
	<del></del>	Firm/Company		
	78 NW 165th st			
		Address		2022 \$51
	Miami, FL, 33169			ONDA 19
	metaedwang@gmail.com	City/State and Zip Code		2022 NOV 16 PH
	E-mail address: (	to be used for future annual report notif	ication)	3:50
For further information of	concerning this matter, please c	all;		50
Enxiang Wang		8039088311		
Name o	of Person	at () Area Code Daytime	Telephone Number	<del></del>
Enclosed 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)	Certified C	of Status &
Mailine Addra		Stead Addrage		

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

(Name of the Limited Liability Comps	ny as it now annears on our r	ecords )		
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	<u>((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
The Articles of Organization for this Limited Liability Company florida document number 1.22000073219	were filed on	· · ·	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:			_	
Principal office address MUST BE A STREET ADDRESS)			~	
		510	172	7
	**		59.	b 1,
		:-!		
Enter new mailing address, if applicable:			<del>-</del> 5	
Mailing address MAY BE A POST OFFICE BOX)				,
		· ·	دب ,	
			50	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of	the nev	v regi:
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	uddress		
		Florida		
	City	<del></del>	ip Code	

## New Registered Agent's Signature, if changing Registered Agent:

ACTION CONTRACTOR

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

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
			□ Add
			□ Remove
			Change
AR	WANG, DEWEL	14600 S SPUR DR	
		MIAMI, FL 33161	
AMBR	WANG, ENXIANG	78 NW 165th st	□Change
		Miami , FL 33169	Add 350 Remove
			Remove
			☐ Change
			—————————————————————————————————————
			□Remove
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	11/10/2022		
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		g or more than 90 days after filing.) Pursuant to y filing requirements, this date will not be	
ocument's effective date on the D	epartment of State's records.		
	d affortive data but not an affort	rive time at 12:01 a.m. on the e-	vrlior /
The 90th day after the rec		tive time, at 12:01 a.m. on the ea	iiiei (
11/10	2022		
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	nxiany Wany. Signature of a member or authorized represer		
	- bull Wary		