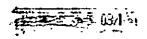
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Y. SCOTT MAR 2 5 2022

COVER LETTER

	gistration Se vision of Cor					
SUBJECT:		NAGMENT GROUP LLC				
SUBJECT		Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		ANDRES ABADI				
			Name of Person			
			Firm/Company		20	
	20806 HIGHLAND LAKES BLVD				ZZ MAI	951
			Address			. &
		MIAMI, F1, 33179			PH	ſ
		ABADIANDRES@GMAII	City/State and Zip Code L.COM	, H	3: 0: 3: 0: 3: <u>7</u> 1:	
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report (notification)	··· · · · ·	
ANDRES /		onecoming that manor, pressed o	786 246-4416	1		
	Name o	f Person	at () Area Code Day	ctime Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	le of Status &	
	ailing Addres		Street Address Registration			
		orporations	Division of C	Corporations		
	O. Box 632			of Tallahassee	10	
Ta	allahassee. I	r∟ <i>32</i> 314	2415 N. Mor	proc Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

META MANAGMENT GROUP LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L22000089533	any were filed on 2/24/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
META MANAGEMENT GROUP LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	ù	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	LL A HAR SEE TO THE TOTAL TO TH	T) —
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	īce address on our records, <u>enter the i</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r torata sirvet address	
	, Florid:	AZip Code
	CPY	хір Соав

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
			□Add
			□Remove
			□Change
			∐Remove
			1022 MAR
			2022 MAR 14 PH 3: 08 SECRITARY OF STATE TALLATIA CSEE. F
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, a is filed.	n 12:04 a.m. on the earlier of: (b) The 90th day after the
red March 8 , 2022.	
$\Delta \Delta$	
Signature of a member or authorized	