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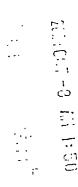
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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: ME	EAL'N'REAL LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		ALEXANDER S PRIEMKIN			
		Name of Person			
	,	ALEXANDER S PRIEMKIN			
		Firm/Company			
		92 SW 3RD STR. APT. 1201			
		Address			
	,	MIAMI, FLORIDA, 33130			
		City/State and Zip Code			
		apriemkin@gmail.com			
	E-mail address:	(to be used for future annual report not	ification)		
For further information	concerning this matter, please of	rall:			
ALEXANDEI	R S PRIEMKIN	at (<u>786</u>) <u>6174150</u>			
Name of Person			ne Telephone Number		
Enclosed is a check for t	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 tadditional copy is enclosed)		
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection		
Division of C	Corporations	Division of Corporations			
P.O. Box 63:		The Centre of 7	Fallahassee oe Street, Suite 810		
Tallahassee.	T1, 34314	∠+10 N. MOINC	ic outca, outcold		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FREAL LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears led Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	nny were filed on	April 22, 2022	and assigned
lorida document numberL22000192515			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited 1	iability company he	<u>re</u> :	
ne new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>	
		<u></u>	<u>~`</u>
		• •	: -
nter new mailing address, if applicable:		<i>-</i> -	1.3
Auiling address MAY BE A POST OFFICE BOX)			co co
numg dadress may be a rost office boar			ह <u>ै</u>
. If amending the registered agent and/or registered offi	ce address on our re	cords, <u>enter the nam</u>	e of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Entar Flori	ida street address	
	1580 1 1071		
	Ciw	, Florida	Zin Code
	7.10		2.9.5.000

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>	<u>Address</u>	Type of Action
AMBR	Svetlana Portnaia	92 SW 3rd street apt. 1201, Miami, Florida, 33130	ĽAdd
			□Remove
			□Change
			□Remove
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			□Add
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m effective o <mark>te:</mark> If the	ate, if other than the date is listed, the date must date inserted in this blo effective date on the De	be specific and ck does not m	cannot be prior to leet the applicab		or more than 90 da		
ecord specis filed.	cifies a delayed effective	date, but not	an effective time	e, at 12:01 a.	m. on the earlie	er of: (b) The S	00th day after the
ited	October 4		2024				
		Signature of a n	nember or authori	zed represent	ive of a member		

THE CASO