Florida Department of State Division of Corporations

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(((H22000318595 3)))



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To:

Division of Corporations

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From:

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COVER LETTER

(((H220003185953)))

TO:	Registration Se Division of Cor			
CHINA	.com	метам	MODERN LLC	
SUBJI	sc 1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249 5	STE 220	
			Address	· · · · · · · · · · · · · · · · · · ·
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report	notification)
For fur	ther information c	oncerning this matter, please ca	ıll:	
LOVE	OVETTE DOBSON 1 888-462-3453			
	Name o	of Person	Area Code Da	ytime Telephone Number
Enclos	ed is a check for t	he following amount:		
₩ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

(((H220003185953)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METAMOD	ERN LLC	
(Nume of the Limited Liability Compa	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	07/10/2023	and assigned
This amendment is submitted to affend 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 Liabil	ity Company." the designation "LLC" or the	ne abbreviation "L.L.C"
Enter new principal offices address, if applicable:	3005 Howley Aly	
(Principal office address MUST BE A STREET ADDRESS)	St Cloud, FL 34771	
Enter new mailing address, if applicable:	3005 Howley Aly	
(Mailing address MAY BE A POST OFFICE BOX)	St Cloud, FL 34771	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the t</u>	name of the new registered
New Registered Office Address:	Enter Florida street address	SEC. S. PH DE
New Registered Agent's Signature, if changing Registered Agent:	y	2
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I corovided for in Chapter 605, F.S.	un familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

9/15/2022 10:48:17 CDT Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000318595 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Spikoski	3005 Howley Aly	□Add
		St Cloud, FL 34771	□Remove
			—————————————————————————————————————
			□Add
			Change
			□Add
			□Remove
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