

Electronic Filing Menu Corporate Filing Menu

Help

, Page: 3 of 5	2024-11-05 20:44 09 GMT {{(H24000368889 3	17183041175	From: Alexander Englard
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	ARTICLES OF ORGAN	ZATION	2024 NOV - 5 00
	OF		SECONT. PH 5: 22
MEV SOLUTIONS LLC			FILED 2024 NOV -5 PM 5: 22 FALLAHASSEF, FLORIDY
(Name)	of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records	<u>''</u> ''''''''''''''''''''''''''''''''''
The Articles of Organization for this	Limited Liability Company were filed	on	and assigned
Fforida document number 1.23000029			
This amendment is submitted to amer			
A. If amending name, enter the new	w name of the limited liability comp	any here:	
Demure Solutions LLC			
The new name must be distinguishable and c	omain the words "Linuted 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)		
Enter new mailing address, if appli-		·	
(Mailing address MAY BE A POST)	OFFICE BOX)		······
B. If amending the registered agen agent and/or the new registered offi	t and/or registered office address on ice address here:	our records, <u>enter t</u>	he name of the new registered
Name of New Registered Ar	<u></u>		
New Registered Office Add	<u>(CSS</u>		
	En	terFloridastroetaddress	
	City	, Flo	rida Zip Cock
	Ciŵ		247 C CKW

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

To

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

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From: Alexander Englard

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
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			口Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.)

	STELL FR
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	5: P
2. Effect	tive date, if other than the date of filing:
Note:	flective due is listed, the date must be specific and cannot be prior to date of filing or more than 95 days after tiling.) Pursuant to 605,0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the recordis fi	and specifies a delayed effective date, but not an effective time, at 12:01 a million the earlier of: (b). The 90th day after the

Dated NOVEMBER 5TH 2024

/S/ MICHELLE VELEZ

Signature of a member or authorized representative of a member

MICHELLE VELEZ

Typed or printed name of signee

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Filing Fee: \$25.00