

10/1/23 7:28 PM

Division of Corporations

L 23000197624

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003449123)))



H230003449123456

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

2023 OCT 1 10:17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: manoloian2004@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
METAWORLD SUPPLIES LLC

RECEIVED

2023 OCT -2 PM 4:20

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

S

Electronic Filing Menu

Corporate Filing Menu

Help

Oct - 3 2023

(((H23000344912 3)))
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

METAWORLD SUPPLIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/20/2023 and assigned Florida document number L23000197624

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:


Name of New Registered Agent: ENRIQUE DE CASTRO

New Registered Office Address: 8360 NW 103RD STREET, APT. 201
Enter Florida street address

HIALEAH GARDENS, Florida 33016
City Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

(((H23000344912 3)))

2023 OCT 20 11:10:17

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

(((H23000344912 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOEL F. GOMEZ RODILES	8390 NW 103RD STREET, APT. 106	<input type="radio"/> Add
		HIALEAH GARDENS, FL 33016	<input checked="" type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change

(((H23000344912 3)))

