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Division of Corporations

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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

**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

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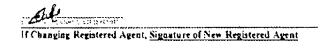
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	METAWORLD SUPPLIES LLC		1444444
Name of the Lim	ited Liability Company us it now appears on (A Horista Limited Liability Company)	FORC LECOLDS:	
The Articles of Organization for this Limited I	natifity Company were med in	04/20/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
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 design	nation "L.f.C" or the ab	hecviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or teent and/or the new registered office addr	ess here:	rds, enter the nam	e of the new registers
Name of New Registered Agent:	8360 NW 103RI	STOCET ADT	201
New Registered Office Address:	6300 NVV 103NI Enter Florida		201
	HIALEAH GARDENS	. Florida	33016
	1111 (00: 11) 0: 11 0 0 11 0		

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 campany 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:

(((H23000344912 3))) MGR = Manager

AMBN = Authorized Member

A. rida = Authorized Nember						
Title	Name	Address Ty	pe of Action			
AMBR	JOEL F. GOMEZ RODILES	8390 NW 103RD STREET, APT. 106	OAdo			
		HIALEAH GARDENS, FL 33016	Ren			
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			O _{Add}			
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record spec is filed.	ifies a delayed effective date, hu	t not an effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day after	the
	October 01	2023			
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