LZ3000237826

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

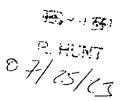
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COVER LETTER

TO: Registration So Division of Cor					
Cow Butter	rily LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The englosed Articles of	Amendment and fee(s) are sub	unitted for filing			
	ondence concerning this matter	_			
	Manuel Ediem Bou Colon				
	Name of Person				
	Cow Buttertly LLC				
	Firm Company				
	1927 Kimlyn Circle				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Kissimmee, Florida, 34758	<			
	ediembou@gmail.com	City State and Zip Code			
	= =	to be used for future annual report notific	cation)		
For further information c	oncerning this matter, please c	att:			
Manuel Ediem Bou Colon		267 5779102			
Name of Person		at ()	Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Sect			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cow Butterfly LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/15/2023	and assigned
Florida document number L23000237826		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
MEB Smoke LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability Company." the designation "LI C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1927 Kimlyn Circle	
Principal office address MUST BE A STREET ADDRESS)	Kissimmee, Florida, 34758	
		202
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		d6
		T 0.5
		72. All
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flo	rida
	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 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>	Address	Type of Action
	<u> </u>		□ Add
			☐Remove
			[]Change
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			□ Remove
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			□Add
			□Remove
			□Change
			□Add
			□ Remove
			C.C.

Typed or printed name of signee

Manuel Ediem Bou Colon