

(((11240002353803)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO

Account Number : I20220000131 Phone

: (305)510-2704

Fax Number

: (305)547-6040

WEnter the email address for this business entity to be used for future woo annual report mailings. Enter only one email address please.\*\* Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEIKIN LLC

Certificate of Status	0
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M. SOLOMON

JUL 12 2024

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From: MADINA bahretdinova

## **COVER LETTER**

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TO: Registration S Division of Co	Section prporations		
MEIKIN I	LLC		
3003201.	Name of Li	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmilted for filing	
	ondence concerning this matte	•	
	SHOOLA AIDARALIEV	'A	
		Name of Person	
	MEIKIN LLC		
	··	Firm/Company	——————————————————————————————————————
	27251 WESLEY CHAPE	L BLVD PMB 2011	2024 JUL 12 PH 2: 56 SECRETARY OF STATE TALL AHASSEE.FLORID,
		Address	NETARY THASSE
	WESLEY CHAPEL, FL	33544	19 <b>29</b>
		City/State and Zip Code	
	info@miacounting.us	· ·	PH 2: 56 OF STATE OFFLORID,
	E-mail address:	(to be used for future annual report notification)	
For further information of	concerning this matter, please of	all:	
SHOOLA AIDARALIE	VA	305 610 - 2704	
Name c	of Person	Area Code Da; time Telephone	Number
Enclosed is a check for t	he following amount:		
≅ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fec, crificate of Status & crified Copy dditional copy is enclosed)
Mailing Address		Street Address:	
Registration 8 Division of C		Registration Section	
P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee, I		2415 N. Monroe Street S	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MEIKIN LLC		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Company	cars on our records.)
The Articles of Organization for this Limited Liability Company were filed on 06/28/2023  Torida document number 1.23000309858		06/28/2023 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addr	E BOX) registered office address on our	HASSEE, FLORIDA
Name of New Registered Agent:	GULAI AZIMBAEVA	
New Registered Office Address:	27251 WESLEY CHAPEL BLV	/D PMB 2011
	Enter Fi	lorida street address
	WESLEY CHAPEL	. Florida <sup>33544</sup>
	Cin	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.

f Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, ente	r the title, name, and address of each person, being
added or removed from our records:	(((H24000235380 3)))

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GULAI AZIMBAEVA	27251 WESLEY CHAPEL BLVD PMB 2011	
		WESLEY CHAPEL, FL 33544	
			🗆 Change
			🗀 Add
			□Remove
			AT JUL AND
			ストラー Complete See See See See See See See See See
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			□Remove
			Change
<del></del> , .	***************************************		DAdd
			□Remove
			□Change

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	Signature of a member or authorized representative of a member		
Dated	HH V II		
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th	ıc
ivote:	tive date, if other than the date of filing:	nl) ng.) Pursuant to 605.02 tle will not be listed	07 (3)(b) as the
		<del></del>	
		STATE LORIDA	2: 56
			⊋ ,
		AHAS	21 TIF
			2024
		<del></del>	

Filing Fee: \$25.00

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