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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corpor	ations		
SUBJECT: VIER		ited Liability Company	
	Name of Emil	ned Editority Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	BELINT	A BURTON Name of Person	
	L. GEOR	CE LEONAR Firm/Company	ED CPAPA
	1485 N.	ATLANTC A	IVE SUITE 102
	COCOA P	City/State and Zip Code	2931
-	E-mail address: (To be used for future annual report notif	4 c COM.
For further information conc	erning this matter, please co	all:	
BELINDA Name of Pe	BURTON	at (321) 790 Area Code Daytimo	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mallion Address		Camus talahunga	

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDA DONG 110

(Name of the Limited Liability Compar	ny as it now appears on our records)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2300039</u> .85	were filed on 8 24 20 23 and assigned 538
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	1246 HIGHWAY ALA SATELLITE BEACH FL 32937
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/R.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	N/A 号 T
New Registered Office Address:	Enter Florida street address Soc 3
	Florida TO 5
	City:
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with t

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.

NI/+

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name		Type of Action
D	MOISES CORREA	249 MINUTEMEN CAUSE	PAQ □ DADD
		APT #202	Remove
		COCOA BEACH, FL32931	□Change
			_ 🗆 Add
			_ 🗆 Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ Change
			_ 🗆 Add
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(If an effective <u>Note:</u> If the	ate, if other than the date of date is listed, the date must be speci date inserted in this block does effective date on the Departmen	ific and cannot be prior to da s not meet the applicable			
f the record spe- ecord is filed.	cifies a delayed effective date, b	out not an effective time, a	at 12:01 a.m. on the earlie	er of: (b) The 90th day aft	er the
Dated <u>D</u>	ECEMBER (9.2023			
_	L. Beng Signitur	e Leward re of a member or authorized	representative of a member	 	- ب
-	L GEORGE	LEON ARD Typed or printed na	CPA REGI	STERED AG	ENT