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COVER LETTER

TO:	Registration S Division of Co		•	eg e
SUBJ	ECT: M	Achall AC	15 METDIA, L	16
		Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter t	to the following:	
		Rob	Name of Person	
		macona	ALTS MEDTI Firm/Company	A,LLC
		6664 Ye	Address	
		A Prince	14, F)a 349	151
		RobinMAC E-mail address: (1	City/State and Zip Code 5 nall INC Eam to be used for future annual regard notion	ai) · Cerro
For fu	orther information	concerning this matter, please ca		
	Robin	marchall	at (631) 816 Area Code Daytim	5373
	Name (of Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for t	he following amount:		
□ \$ 3	25.00 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)

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

1)

marghall AC	15 META, LLC
(A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number レ るカ 0 0 0 イ ユ フ 6 1 년	nany were filed on 9/14/33 and assigned 1+202 is EIN \$155020 TO ME +0. 93-3421163
This amendment is submitted to amend the following:	93-342-1163
A. If amending name, enter the new name of the limited	
The new name must be distinguishable and contain the words "Limited I	Liability 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	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- 123 OC
B. If amending the registered agent and/or registered off	fice 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:	्रित्री क
New Registered Office Address:	Enter Florida street address
	, Florida 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>mbr</u>	ROBIN MARShall	6664 YETRA AVE	Frence, DAdd 3495
			□Remove
			E Change
			□Add
			□Remove
			□ Change
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			□ Change
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_	Thank you
_	Rdsiy Marchall
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.	al Blog
ın effe	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
ecoro	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is file	ed.
	9/15 2023/
ated_	
ated _	Robin Marcall