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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
Meanpin L	LC			
SUBJECT:	Name of Lin	Name of Limited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Elizabeth Mingo			
Name of Person				
	Meanpin LLC			
		Firm/Company		
	2820 Pythagoras Circle			2023 SE
		Address		ACC B
	Ocoee, FL 34761			SECULIVEY SEE, FL
		City/State and Zip Code		SSE E
	meanpinllc@gmail.com E-mail address: (to be used for future annual report not	fication)	EST O
For further information	concerning this matter, please c	all:		10 B
Elizabeth Mingo		407 285-5956 at ()		
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre Registration	Section	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEANPIN LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000492417	were filed on October 27, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		17/LL:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		E FLE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I as	n familiar with and

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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	SADEEM S BLAKE	2820 PYTHAGORAS CIR	□Add
		OCOEE, FL. 34761	■ Remove
			□ Change
MGR	ELIZABETH MINGO	2820 PYTHAGORAS CIR	■Add
		OCOEE, FL. 34761	□Remove
			☐ Change
			□Add
			2020ve HOV Et AH 9: 066e
			□ Change
			□ Add
			□Change
			□Add
			□Remove
			□Change

		
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		9: 06 E. F.
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of filing or more than 90 days in block does not meet the applicable statutory filing requirements,	optional) after filing.) Pursuant to 605.0207 (3)(b) , this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
November 8 Dated	2023	
	Signature of a member or authorized representative of a member	
ELIE PEAN	·	
	Typed or minted name of signer	

Filing Fee: \$25.00