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COVER LETTER

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ME BUSINESS VENTURES. LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MACULA EDMOND Name of Person ME BUSINESS VENTURES. LLC Firm/Company 18495 S. DIXIE HWY STE. 117 Address MIAMI, FL 33157 City/State and Zip Code edmondmacula@gmail.com E-mail address: (to be used for future annual report antification) For further information concerning this matter, please call: MACULA EDMOND Name of Person Area Code Dayture Tetephone Number Finclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Inadditional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallalassee	TO:	Registration S Division of Co			
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P.O. Box 6327 The Centre of Tallahassee		Division of	Corporations	Division of Co	orporations
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ME BUSINESS VENTURES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/15/2023}{11/15/2023}$ ___ and assigned Florida document number <u>L23000517360</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 17933 SW 135TH AVE Enter new principal offices address, if applicable: MIAMI, FL 33177 (Principal office address MUST BE A STREET ADDRESS) 17933 SW 135TH AVE Enter new mailing address, if applicable: MIAML FL 33177 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter Florida street address

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.

Cin

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>	Name	Address	Type of Action
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he reco	rd specifies a delayed effective o	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
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Dated	Maaila.	Edward		···	
Dated	Maaila	Edunosad gnature of a member or aud	norized representative of	a member	

Filing Fee: \$25.00