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To:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&E FROZEN CREATION LLC

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MAY 14 2024

COVER LETTER

TO: Registration S Division of Co			i
M&E FRC SUBJECT:	OZEN CREATION LLC		. ′
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
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LOVETTE DOBSON		1 888-462-345	3
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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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
1.05/21/21/01/		Registration de	

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

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

M&E F	ROZEN CREATION LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records da Limited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Florida document number L24000179653	Company were filed on 04/16/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
M&E REALTY VENTURES LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADE	DRESS)	
Enter new mailing address, if applicable:	<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<i>in</i>
B. If amending the registered agent and/or register	ed office address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here	:	T. HA
Name of New Registered Agent:		ω ;-
		<u>₽</u> <u> </u>
New Registered Office Address:	Enter Florida street address	
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	, Flo	rida
	CHY	ир соав

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 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
			□Add
			□Remove
			☐Change
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
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		***************************************	□Add
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this is document's effective date on the	block does not meet the ap	prior to date of filing opplicable statutory f	(or	otional) fter filing.) Pursuant to 6 this date will not be li	05.0207 (3)(sted as the
ne record specifies a delayed effection is filed.	ve date, but πot an effecti	ve time, at 12:01 a.	m. on the earlier of:	(b) The 90th day af	ter the
Dated May 7	2024				
	Singglurg of	Pouce Alks	louri		
	Signature of a member or	authorized řepresenta	suve of a member		

Filing Fee: \$25.00

Typed or printed name of signee