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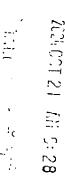
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		RUNVESTMENT HOLDING	S I, LLC (NAME AMENDMENT	AND ADDRES!
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		NICOLE M. MELCHIOR	ſ	
			Name of Person	
		MELCHIORI INVESTME	ENT HOLDINGS LLLC	
			Firm/Company	
		109 AMBERSWEET WA	Y #409	
			Address	
		DAVENPORT, FL 33897		
			City/State and Zip Code	\$40
		nicolemelchiori@hotmail.co	om	
		E-mail address: (to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please c	all:	
NICOLE N	M. MELCHIO	RI	651 528-9574	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Addres		Street Address: Registration Sec	ction
	ivision of C		Division of Cor	porations
	.O. Box 632		The Centre of T	
Т	allahassee, I	°L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELCHIORI INVESTMENT HOL	DINGS I, LLC		William 21	
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number $\frac{1.24000429151}{1.00000000000000000000000000000000000$			and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
MELCHIORI INVESTMENT HOLDINGS I LLC				
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1466 E MICHIGAN STR	EET	
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32806		
Enter new mailing address, if applicable:		109 AMBERSWEET WA	Y PMB 341	
(Mailing address MAY BE A POST OFFICE BOX)		DAVENPORT, FL 33897		
B. If amending the registered agent and/or ragent and/or the new registered office addre	• /	address on our records, <u>e</u>	nter the name of the new registered	
Name of New Registered Agent:	NICOLE M. M	IELCHIORI		
New Registered Office Address:	1466 E MICHI	GAN STREET		
		Enter Florida street a	ddress	
	ORLANDO		_, Florida ³²⁸⁰⁶	
		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.

Much Melchin

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
			□Add
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date mus	ock does not meet the applicable st	(optional c of filing or more than 90 days after filing statutory filing requirements, this dat) g.) Pursuant to 605.0207 (3) e will not be listed as the
Note: If the date inserted in this blodocument's effective date on the Do			
Note: If the date inserted in this blo- document's effective date on the Do the record specifies a delayed effective	e date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) T	he 90th day after the
Note: If the date inserted in this blo- document's effective date on the Do he record specifies a delayed effectiv ord is filed.		t 12:01 a.m. on the earlier of: (b) T	he 90th day after the
Note: If the date inserted in this blo-document's effective date on the Docher record specifies a delayed effective ord is filed. Dated October 4	2024		he 90th day after the
Note: If the date inserted in this blo-document's effective date on the Docher record specifies a delayed effective ord is filed. Dated October 4			The 90th day after the

.

Filing Fee: \$25.00

Electronic Articles of Organization Florida Limited Liability Company

24000429151 FILED 8:00 AM October 04, 2024 Sec. Of State adjohnson

Article I

The name of the Limited Liability Company is: MELCHIORI INVESTMENT HOLDINGS I, LLC

Article II

The street address of the principal effice of the Limited Liability Company is:

1466 E MICHIGAN STREET UNIT 3 ORLANDO, FL. US 32806

The mailing address of the Limited Liability Company is:

550 PRESTWICK DRIVE DAVENPORT, FL. US 33897

Article III

Other provisions, if any:

REAL ESTATE HOLDING COMPANY

Article IV

The name and Florida street address of the registered agent is:

NICOLE M MELCHIORI 1466 E MICHIGAN STREET UNIT 3 ORLANDO, FL. 32806

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NICOLE M. MELCHIORI

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR NICOLE M MELCHIORI 550 PRESTWICK DRIVE DAVENPORT, FL. 33897 US L24000429151 FILED 8:00 AM October 04, 2024 Sec. Of State adjohnson

Signature of member or an authorized representative

Electronic Signature: NICOLE M. MELCHIORI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.