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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	<u> </u>	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MEAF LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

T. LEMEUX

NOV 1 2 2024

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11/8/2024 05:29:04 PST ' To 18506176383 Page 2/4 Fax. 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEAF LLC			
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000463326</u>	pany were filed on 10/31/24	and assigned	
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" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE BOX)		2 11	
		<u> </u>	
	- II		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	E name of the new registered	
Name of New Registered Agent:	·	-	
New Registered Office Address:			
	Enter Florida street address		
- <u></u>	, Flori	da Zıp Code	
	City	zip Coae	

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.

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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
AMBR	Rafael Quinones Diaz	7901 4th St N STE 300	\\
		St. Petersburg, FL 33702	□Remove
			[]Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			FiRemove
			Change
			🗆 Add
			□Remove
			Change
			∐Add
			□Remove
			□Change

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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 document's effective date on the	ust be specific and c block does not me	cannot be prior to cet the applicab	date of filing or mole statutory filing	ore than 90 days aft	tional) er filing.) Pursuant te ris date will not be	o 605.0207 (3)(t tisted as the
the record specifies a delayed effect cord is filed.	ive date, but not a	in effective tim	e, at 12:01 a.m. (on the earlier of:	(b) The 90th day	after the
Dated November 8th		2024	- ·			
	()		· · · · · · · · · · · · · · · · · · ·	1 h		

Typed or printed name of signee