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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CUDICCT.	Melanated,	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
~~·				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jessica Hall		
			Name of Person	
		Melanated, LLC		
			Firm/Company	
		2861 North Oakland Fores	t Dr. #1 0 7	
			Address	
		Oakland Park, FL 33309		
		**************************************	City/State and Zip Code	
		jessicahall850@gmail.com		<u> </u>
	•		to be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please c	all:	
Jessica Hall			850 556-9248 at ()	
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address Registration	
Division of Corporations		Division of Corporations		
). Box 632			of Tallahassee
I al	lahassee, l	rl 32314	2410 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2072 HERE 18 74 1 33

Melanated, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability (Florida document number L20000139969	Company were filed on <u>05/22/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability, Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
	·	orida
	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.

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	Nicole Moore	2831 North Oakland Forest Dr. #105	□Add
		Oakland Park, FL 33309	Remove
			□Change
MGR	Jessica Hall	2861 North Wakland Forest Dr	□Add
		# 107	🗆 Remove
		Unkland Park, FL 33309	Change
AMBR	Jana Hall	5577 Hampton Hill Circle	@ Add
		Tullahassec, Fi 32311	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

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Effective date, if other than the date of an effective date is listed, the date must be spective. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior as not meet the applic	r to date of filing or me cable statutory filin	ore than 90 days after fili	ng.) Pursuant to 605.0
record specifies a delayed effective date, dis filed.	but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t
Dated March 15th	. 2022	·		
	- Ar	21		
Signatu	ire of a member or auth	orized representative	of a member	

Filing Fee: \$25.00