

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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09/27/21--01026--020 **30.00





COVER LETTER

TO: Registration So Division of Co					
Butter Me	Up LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Briani Y Payoute				
		Name of Person		_	
				2821 SEG	
		Firm/Company		SEP SEP	
	9041 nw 18th et			27 ARX	
		Address		SSE SSE	-
	pembroke pines			STA: STA:	
	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. Briani Y Payoute Name of Person				
	E-mail address: (to be used for future annual report notil	ication)		
For further information of	concerning this matter, please c	all:			
Briani Mattair					
Name e	of Person		: Telephone Numbe	rt	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certifica Certifica	ate of Status & I Copy	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction		
Division of C		Division of Cor			
P.O. Box 632	27	The Centre of T) I ()	
Tallahassee,	FL 32314	2415 N. Monroe	: Street, Suite ຄ	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Butter Me Up LLC		
(Name of the Limited Liability (A Fiorida L	Company as it now app amited Liability Compan	<u>v)</u> y)
The Articles of Organization for this Limited Liability Conflorida document number <u>L21000199562</u>	mpany were filed on .	04/29/2021 and assigne
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	ed liability company	· <u>here</u> :
The Rich Melt LLC		
he new name must be distinguishable and contain the words "Limite	rd Liability Company," th	ne designation "LLC" or the attoreviation "L.L.C."
Inter new principal offices address, if applicable:		PALL SE
Principal office address MUST BE A STREET ADDRE	(SS) 9041 nw 18th	h et Pembroke Pines, FL 38024
Inter new mailing address, if applicable:	9041 nw 18tl	h et Pembroke Pines, FL 349
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of Naw Pawistered Agent: Briani P		r records, enter the name of the new res
Name of New Registered Agent: Briant P	ayoute	
New Registered Office Address: 9041 NV	W 18th Ct	
	Enter F	Florida street address
Pembrol	ke Pines	Florida
	City	Zip Code

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. Thereby 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
AMBR	Briani Yashia Payoute	9041 NW 18th Ct Pembroke Pines, FL 33024	= Add
		 	□Remove
			Change
MGR	Briani Yashia Payoute	9041 NW 18th Ct Pembroke Pines, FL 33024	= Add
			□Remove
			2028SEP 2
			PH DE Change
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Note: If t	ive date is listed, t the date inserted	than the date he date must be sp I in this block do e on the Departr	eeme and car oes not mee	nnot be prior t the applica	io date of min	g or more that	i vo days aiter	nning.) rursu		
he record spord is filed.		ed effective date	. but not an	effective tii	ne, at 12:01	a.m. on the	earlier of: (b) The 90th	day aft	er the
Dated	9-23- Bi	21			<u> </u>					
	13	and Mo	Min-	-			mber			
	/	Signa	dure of a men	nber or autho	rized represer	native of a m	ember			

Filing Fee: \$25.00