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## **COVER LETTER**

Registration Section

TO:

Division of Cor	rporations		
MELANI	N QUEEN'S LLC.	ي پ	
SUBJECT:		•	
	Name of Lin	nited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		-	
Please return an correspo	ondence concerning this matter	to the following:	
	Elayna C. Paulk		
		Name of Person	
	EL MGMT GROUP		
		Firm/Company	
	2401 UTOPIA DRIVE		
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIRAMAR, FL 33023		
	elaynachristine@gmail.com	City/State and Zip Code	<del></del>
	-	to be used for future annual report not	ification)
			inication)
	oncerning this matter, please c		
Elayna Paulk		305 333-7675	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fec	S30.00 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee, I			oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELANIN QUEEN'S LLC.			
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number	iability Company were filed on	1/12/15	and assigned 5
This amendment is submitted to amend the following	owing:	·	,-,
A. If amending name, enter the new name of	f the limited liability company h	<u>ere</u> :	
SIXTH GENERATION HOLDINGS, LLC.			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			_ <del>.</del>
B. If amending the registered agent and/or ragent and/or the new registered office addre		records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	EL MGMT GROUP, LLC.		
New Registered Office Address:	2401 UTOPIA DRIVE		
<del></del>	Enter Flo	orida street address	
	MIRAMAR	Florida	
	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>	<u>Address</u>	Type of Action
AMBR	TAYLOR, MARCIA	2401 Utopia Drive Miramar, FL 33023	□ Add
			■Remove
			Change
CEOF	PAULK, ELAYNA C.	2401 Utopia Drive Miramar, FL 33023	□Add
			□Remove
			Change
MGR M	PAULK, ELAYNA C.	2401 Utopia Drive Miramar, FL 33023	≅Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	Remove
		·	□Change
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			□Change

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ective dat	e, if other than t	he date of fili	ng:			(optional)	
n effective d	ate is listed, the date r late inserted in this	must be specific a	ind cannot be price	or to date of filing	g or more than 90	days after filing.) P	ursuant to 605.0207
cument's e	ffective date on the	Department of	f State's record	s.	ming requirem	icins, this date w	in not be listed as
	fies a delayed effec	tive date, but n	ot an effective	time, at 1/2:01	a.m. on the earl	ier of: (b) The	00th day after the
is filed.				n			
05/12	<i>'</i> 20	0	1	1/_			
			-1/a/2				
ted		1.	1 W V/4	7			
		Signature of	a member or/aut	borized represen	itative of a membe	<u></u>	

Filing Fee: \$25.00