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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hidden Treasure Box LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meline Simeon
Name of Person

Former name ✓ The Hidden Treasure Box LLC
Firm/Company

3425 SW 2nd Ave, Apt 245
Address

Gainesville/Florida, 32607
City/State and Zip Code

m.majesticlane@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meline Simeon at (352) 327-6174
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>	<u>Type of Action</u>
CEO	Meline Simeon	3425 SW 2nd Ave	<input checked="" type="checkbox"/> Add
		Apt 245	<input type="checkbox"/> Remove
		Gainesville, FL 32607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CALIFORNIA
FBI

11 / ~~10~~ / 2019

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 10th, 2019

Meline Simeon
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Meline Simeon

Typed or printed name of signee