L19000267433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
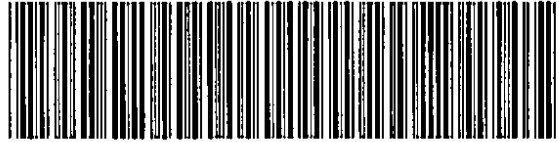
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status ✓_____

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Office Use Only

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: Vegan Shxt 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:

Andrew McLean
_____
              Name of Person

Vegan Shxt LLC
_____
              Firm/Company

600 Victory Garden Apt C24
_____
              Address

Tallahassee FL 32301
_____
              City/State and Zip Code

a.mclean2826@gmail.com
_____
      E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew McLean ____ at (*651*) ____ *895-3884*
_____
      Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☑ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                   (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                    Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Vegan Shxt LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on __*10 /24 / 19*__ and assigned

Florida document number L19000267433 .

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MLNN BRND LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	7901 4th St N
(Principal office address MUST BE A STREET ADDRESS)	STE 300
	St. Petersburg FL 33702

Enter new mailing address, if applicable:	7901 4th St N
(Mailing address MAY BE A POST OFFICE BOX)	STE 300
	St. Petersburg FL 33702

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Registered Agents Inc.
New Registered Office Address:	7901 4th St N STE 300
	Enter Florida street address

St. Petersburg , Florida 33702

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>   <u>Name</u>   <u>Address</u>   <u>Type of Action</u>

_____   _____   _____ ☐ Add

                                         _____ ☐ Remove

                                       _____ ☐ Change

_____   _____   _____ ☐ Add

                                       _____ ☐ Remove

                                       _____ ☐ Change

_____   _____   _____ ☐ Add

                                       _____ ☐ Remove

                                       _____ ☐ Change

_____   _____   _____ ☐ Add

                                       _____ ☐ Remove

                                       _____ ☐ Change

_____   _____   _____ ☐ Add

                                       _____ ☐ Remove

                                       _____ ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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_____

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b)   The 90th day after the record is filed.

Dated ____ *November 16* . *2020* .

_____ *Andrew McLean* _____
Signature of a member or authorized representative of a member

_____ *Andrew McLean* _____
Typed or printed name of signee

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Filing Fee: $25.00