(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
· ·	,	•
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Canadal Instructions to	Filing Officer	
Special Instructions to	Filing Officer.	
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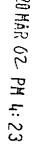


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MElanin (MTO) Name of Li	imited Liability Company
The enclosed Articles of Amendment and fee(s) are su Please return all correspondence concerning this matte	
Antwameis	hame of Person
<u>Melan</u>	in (anto) LLC Firm/Company
4118	Sija DP Address
	City/State and Zip Code
E-mail address For further information concerning this matter, please	to be used for future annual report notification)
Antwimersna Mr.Gee. Name of Person	at (407) 690 - 8010 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \square \square \square \text{S30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy radditional copy is enclosed) ☐ Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TÓ:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melaning (Cal	iability Compan	y as it now appears ability Company)	on our records.)		_	
The Articles of Organization for this Limited Liabi Florida document number <u>L.19.00.27.2</u>		•	10/31/20	<u>19</u> and	assign	.ed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	<u>e limited liabil</u>	ity company her	<u>e</u> :			
The new name must be distinguishable and contain the words	s "Limited Liabilit	ty Company," the des	ignation "LLC" or the	abbreviation	"L.L.C	
Enter new principal offices address, if applicabl	e:				202	
(Principal office address MUST BE A STREET A	(DDRESS)				10 HAF	
					02 PI	
Enter new mailing address, if applicable:	(V)	-		<u>:</u>	<u> </u>	- <u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)				· -	— လ ယ	
B. If amending the registered agent and/or registered and/or the new registered office address have a Name of New Registered Agent:		ddress on our rec	eords, <u>enter the na</u>	me of the	new re	egistero
New Registered Office Address:						
		Enter Floria	la street address			
-		City	, Florida _	Zip Co	rde	
		-		• •		

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MIR	Antwameisha MGre	4118 Dyon De Oriancly, Fr.3	Add
			Remove
			XChange
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
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			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The Change needed is to palate Anthomeisne
to Manager isostead of Authorized Representance.
I Antware sond am the only member involved
with Melanin (antrol LIC I am trying to
open a bank account for the business but
the title, Authorized Representative usnit
·
allow me to. I have to be listed as
manager, although it's only me anyhows.
F. Effective date, if other than the date of filing: (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 February 26th 2000.
Signature of a member or authorized representative of a member
Thinkime Dna Market name of signer

Filing Fee: \$25.00