L200000 44441

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SECRETARY OF STATE

COVER LETTER

	Registration Division of C		٠.		
/3111 111 /		Walch, LLC			
SUBJEC	: I :	Name of Li	mited Liabitity Company		
The enclo	osed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please re	turn all corres	spondence concerning this matte	r to the following:		
			Eric O. Howell		
			Name of Person		
			Howell CPA Group		
			Firm/Company		
			408 W. Baldwin Rd		
			Address	<u> </u>	
			Panama City, Florida 32405		
			City/State and Zip Code		
			eric@howellepagroup.com to be used for future annual report of	4145	
For furth	er informatior	n-mail address: n concerning this matter, please		ouncation)	
Eric O. Howell			850 215-3093		
	Name	e of Person	Area Code Day	time Telephone Number	
Enclosed	is a check for	the following amount:			
⊻ \$25.0	(II) Filing Fee	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 Address: Registration Section Division of Corporations		Street Address: Registration 9			
		Division of C	Corporations		
	P.O. Box 6:		The Centre o		
	Tallahassee	e. FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melissa Wald			
(Name of the Limited	I Liability Company as it no A Florida Limited Liability Co	ow appears on our records ompany)	<u>s.</u>)
The Articles of Organization for this Limited Lia Florida document number <u>L20000044441</u>	bility Company were file	ed on <u>02/01/2020</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of (the limited liability com	<u>ipany here</u> :	
Melissa Walsh, LLC	(We are changing the	e "c" to an "s" in Walsh	
he new name must be distinguishable and contain the wo	rds "Limited Liability Compa	any," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
Principal office address MUST BE A STREET			
			2020 7ALL
			
Enter new mailing address, if applicable:			HAR.
Mailing address MAY BE A POST OFFICE B	OX)		02 G
maning uddress shell bit. I total of the total	<u></u>		7
			022 Si
3. If amending the registered agent and/or re	gistered office address o	on our records, enter t	the name of themew register
gent and/or the new registered office address	<u>here</u> :	-	•
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Activess.		Enter Florida street address	
		Fla	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		-	□Add
			□Remove
			□Change
			⊡Add
			□Remove
			□Change
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ocument's effective date of	n the Department	of State's records	· A			
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record specifies a delayed (is filed.	enective date, out	not an effective t	mic, at 12;04 a.m.	on the earlier of, (i) The with a	ay aner in
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