L20000073631

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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)
(Dox	cument Number)	
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COVER LETTER

TO:

то:	Registration Sec Division of Cor			
en ne	Mel Kollect	ion LLC		
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Laura Campbell		
			Name of Person	
			Firm/Company	
		4773 Tortuga Dr		
			Address	
		West Palm Beach FL 3340	7	ç
		laura12329@yahoo.com	City/State and Zip Code	
		•	to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please ca	all:	
Laura C	ampbell		561 598-4610 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	I is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, H		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mel Kollection 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 $\frac{03/05/2020}{1}$ and assigned Florida document number L20000073631 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hustle On The Go 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ___

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>	Address	Type of Action
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			□Remove
			□ Change
			□Add
			□Remove
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Filing Fee: \$25.00