L20000084097

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	[1]	10/21

Office Use Only



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2021 NOV 10 MM 9: 05



October 20, 2021

ALEXANDREA MELYN JOHNSON 4125 CR 106 OXFORD, FL 34484

SUBJECT: VERAX LLC

Ref. Number: L20000084097

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If you are wanting the individual name to appear as Alexandrea Melyn Johnson, please list the correct name in Section B for the Registered Agent name and the Authorized Person name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00025563

Querida R Silas Regulatory Specialist II

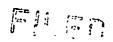
www.sunbiz.org

COVER LETTER

TO:

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cup it ca	VERAX LI	. ċ		
SUBJECT	· 	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	indence concerning this matter	to the following:	
		Alexandrea Melyn Johnson	n	
			Name of Person	
		VERAX LLC		
			Firm/Company	
		4125 CR 106		
			Address	
		Oxford, FL 34484		
			City/State and Zip Code	
		alexandreamelyn@gmail.co E-mail address: (to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
Alexandre	a Melyn Johns	on Turner	609 972-5446 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is	s a check for th	ne following amount:		
\$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)	of Status &
R	Iniling Addres egistration S ivision of C	Section	Street Address: Registration Section Division of Corporations	
	.O. Box 632 allahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ı

ARTICLES, OF & MENDMENT TO ARTICLES OF ORGANIZATION OF



VERAX LLC

2021 ROV 10 AH 9: 05

(Isame of the Shift	ted Liability Company as (A Florida Limited Liabil	it now appears on our rity Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L20000084097	iability Company wer	e filed on 03/17/2020	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability	company here:	
Alexandrea Melyn LLC			
The new name must be distinguishable and contain the v	vords "Limited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u> ?	3651 SE 977 Selleview, F	1 34420
B. If amending the registered agent and/or ragent and/or the new registered office addre	'egistered office addr <u>ss here</u> :	ess on our records, <u>e</u>	nter the name of the new regis
	Alexand	lea Melu	n Turner
Name of New Registered Agent:	THE XCANC		
Name of New Registered Agent: New Registered Office Address:	602 N	Old Wise Enter Florida street a	Rd.

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
MGR	Alexandrea Melyv	Turner 3651 5 6 91 min.	Belleview, RAdd-
		-	□Remove
			□Change
MGR	Alexandrea M Joh	<u>nsaa</u>	□Add
			□Řemove
Mar	Alexandrea Melyn	Turner 3651 SE 9	
		Belleview, F	<u> 134420</u> □Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
		-	□ Add
			□Remove

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