## 120000157361

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
5/18/21



300357863073

01/25/21--01015--026 \*\*25.00

Office Use Only



#EOEWED

2021 HAR 18 PM 5: 29

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2021

ROXANNE ROGERS 3060 KEY LN PORT CHARLOTTE, FL 33952

SUBJECT: MELEPOP BEAUTY LLC

Ref. Number: L20000157361

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must submit all pages for filing. Page 2-3 are missing. All pages must be returned in order to file the document.

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.

Querida R Moore Regulatory Specialist II

Letter Number: 821A00004781

Division of the property of th

## COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Melepo Name of Limit	Ready UC ed Liability Company	
The enclosed Articles of Am-	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Poxan	Name of Person	Rogers
		Firm/Company	
	306	S Key LN	
	port ch	City/State and Zip Code	33952
-	E-mail address: (to	be ased for future annual report not	illication)
For further information conc	erning this matter, please cal	II:	
Roome go	ines-higes	at ( <u>718</u> ) <u>978</u> Area Code Daytin	SOS Z ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee I	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed)	[2] \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar	y as it now appears of	2021 HAR 18 PM 5: 22
(A Florida Limited L	iability Company)	SECRETARY OF STATE
(Name of the Limited Liability Company of Articles of Organization for this Limited Liability Company of Transfer and Tran	were filed on <u>C</u>	19/2020 ALLAMASSEE, FL
rida document number <u>LZCCCCC15T261</u> .		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
new name must be distinguishable and contain the words "Limited Liabili	ty Conipany," the desig	nation "IsLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Florida
	City	, Florida Zip Code
w Registered Agent's Signature, if changing Registered Agent:		
ereby accept the appointment as registered agent and agreent wisions of all statutes relative to the proper and complete prept the obligations of my position as registered agent as pring filed to merely reflect a change in the registered office appany has been notified in writing of this change.	performance of my rovided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
H Chan	ging 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗖 Add
			□Remove
			□ Change
			□Remove
			□ Change
			🗆 Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

f amending any o	other information, en	ner enange(s) nere	r: (Анасн асканол	un sneers, y necesse	u <i>y.)</i>
					<del></del>
			· <del>-</del>	<del></del>	<del></del>
<del> </del>		<u>.                                    </u>			
<del></del>					
<u> </u>					
			_,		
		<u> </u>			<del>-</del>
	-				
<del></del>	<del>_</del>		-	•-	
<del> </del>					
<u></u>			-1	<del></del>	
				<del></del>	
f an effective date is I <u>Note:</u> If the date ir	other than the date of listed, the date must be spec nserted in this block doe we date on the Departme	ific and cannot be prior s not meet the applic	able statutory filing	(optiona re than 90 days after fili requirements, this da	ng.) Pursuant to 605.0207
record specifies a d is filed.	delayed effective date, b	out not an effective ti	me, at 12:01 a.m. of	n the earlier of: (b)	The 90th day after the
Dated March	h 12,	1505			
	h 12, RMBang-R	oness researce and the second authorises	orized representative of	of a member	
		Typed or printe			