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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

MERAKA SUBJECT:	LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MORGAN HENRY		
		Name of Person	
	MERAKAI LLC		
		Firm/Company	
	946 DUPONT AVE		
		Address	
	WINTER PARK, FL 3278	9	
		City/State and Zip Code	
	ohhsoprettydesigns@gmail		
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please c	ail:	
MORGAN HENRY		904 3334318 at ()	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he 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		Street Address Registration	
Division of C		Division of (
	P.O. Box 6327 The Centre of Tallahassee		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 HAR 29 51: 10: 34

MERAKAI 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 8/27/2020 and assigned

Florida document number L20000266415

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OHHSOPRETTYDESIGNS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_, 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
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			□Remove
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		Signature of a	member or auth	orized represent	tive of a member	· · · · · · · · · · · · · · · · · · ·	

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