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COVER LETTER

MELAN	NIES LUXURY EXTENSIONS L	.L.C	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Osheona Barnes		
	-1-1-	Name of Person	
	Melanies Luxury Extensio	ns L.L.C	
		Firm/Company	
	14100 sw 30th terrace rd		
		Address	
	Ocala Florida 34473		
		City/State and Zip Code	
	osheona18@icloud.com		16 anima
		to be used for future annual report not	meation)
For further information	on concerning this matter, please c	au:	
Osheona Barnes		352 4703725 at ()	
Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
☐ \$25.00 Filing Fee	© \$30.00 Filing Fee & Centificate 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 Ado	Iress:	Street Address:	

TO:

Registration Section Division of Corporations

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

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

MELANIES LUXURY EXTENSIONS L.L.C.

company has been notified in writing of this change.

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on December 14	and assigned
Florida document number L20000388596		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
MELANIE.CO LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
		<u>-</u>
Enter new mailing address, if applicable:	14100 sw 30th terrace rd ocala fl 3447	⁷ 3
(Mailing address MAY BE A POST OFFICE BOX)		·
		702
B. If amending the registered agent and/or registered offic	e address on our records, enter the na	
agent and/or the new registered office address here:		<u> </u>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	·
	Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further a	igree to comply with
provisions of all statutes relative to the proper and comple		

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

If Changing Registered Agent, Signature of New Registered Agent

	BA: Melanie				
					
					<u> </u>
					
	<u> </u>				
					
					
					
<u> </u>					
		<u>-</u> -			
					
·					
(If an effective Note: If the	date inserted in this blo	be specific and cannot be p	olicable statutory filing re	(optional) han 90 days after filing.) Pursuan quirements, this date will not	t to 605,0207 (3)(1) be listed as the
the record spec cord is filed.	cifies a delayed effective	date, but not an effective	e time, at 12:01 a.m. on the	he earlier of: (b) The 90th d	ay after the
Dated	8th	2021			
<u></u>	Os	hulling	athorized representative of a		

Typed or printed name of signee