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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Melaninnetic	110	
SUBJECT:		nited Liability Company	
			, ,
The enclosed Articles of A	umendment and fee(s) are sub	omitted for filing.	:
Please return all correspon	dence concerning this matter	to the following:	•
r icase iciam an correspon	defice concerning this matter	to the following.	
	Domini	QUE Green Name of Person	- '
		Firm/Company	20 St
	7333 Pine For	rest Rd Lot 104	ZI JUL -
	Pensacola	FL 32526 City/State and Zip Code	UL-9 PM 12: 05
	Doveen @ Blo E-mail address;	ack Property Solutions. Confeto be used for future annual report notification)	2: 05 SIME
For further information con	ncerning this matter, please ca	ail:	
Dominique Name of	Oreen Person	at (<u>151</u>) Area Code Daytime Telephone Number	. .
Enclosed is a check for the	following amount:		ı
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Address: Registration Se		Street Address: Registration Section	
Division of Co	rporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melaninnetic U	<u>.</u>
(Name of the Limited Liability (A Florida L.	Company as it now appears on our records.) Jimited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L210000</u> 3518	empany were filed on $\frac{02)25}{2001}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	Ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021 SEC 17
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PM IZ: 05 HASSEE, FL
B. If amending the registered agent and/or registered one agent and/or the new registered office address here:	office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
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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 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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Note. If the	ite, if other than late is listed, the date date inserted in thi effective date on th	s block does not	meet the applicat	o date of filing or mor	(opt e than 90 days afte requirements. th	ional) er tiling.) Pu is date wil	rsumt to 605.020' I not be listed as
e record s The 90th	specifies a dela day after the i	yed effective record is filed	date, but not	an effective tir	ne, at 12:01	a.m. on	the ea rlier o
Dated	Dow	t imque	, 2021 , Dree	 h <u>,</u>			
	\sim	- U	C	zed representative o	a member		
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Filing Fee: \$25.00