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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	MEN	ALYN LLC ,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person		
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	<u> </u>
		Firm/Company	
	17350 STATE HWY 249,	#220	
		Address	<u> </u>
	HOUSTON, TX. 77064		
	-	M	stification)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON			
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENA	LYN LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.) / 1 0. 1 (.</u>
The Articles of Organization for this Limited Liability Company Florida document number		7 5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	705 Whispering Circle Apt 19	
(Principal office address MUST BE A STREET ADDRESS)	Saint Augustine, FL 32084	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	705 Whispering Circle Apt 19 Saint Augustine, FL 32084	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	the name of the new register
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street address	s
		orida
	City	Zip Code

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
AMBR	Deljanae Gandy	705 Whispering Circle Apt 19	□Add
		Saint Augustine, FL 32084	□Remove
			Remove
			□Add
			□ Remove
			☐Change
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f an effective date i Note: If the date	other than the date of filing listed, the date must be specific and inserted in this block does not move date on the Department of St	cannot be prior to date eet the applicable s	e of filing or more than Statutory filing require	(optional) 00 days after filing.) Pur ements, this date will	suant to 605.0207 not be listed as
e record specifies rd is filed.	delayed effective date, but not	an effective time, a	t 12:01 a.m. on the ea	arlier of: (b) The 90	th day after the
January, 0 Dated		2022			
Dated			_		
	(bling	10	For Dir		
	Delijan Signature of a ri	nember or authorized	representative of a men	nber	