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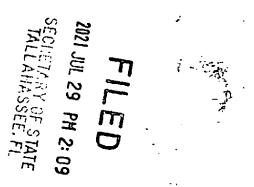
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## **COVER LETTER**

Division of Corporations
SUBJECT: Get Money Program LL  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melanee Martin  Name of Person  Chet Money Program UC  First/Company  Address  Address  City/State and Zip Code  The Code Marting add. Early  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mekunge Martin  at (850)376-2602  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\begin{array}{c} \$30.00 Filing Fee & \$\begin{array}{c} \$55.00 Filing Fee & \$\begin{array}{c} \$60.00 Filing Fee, & \$\begin{array}{c} \$Certificate of Status & \$\begin{array}{c} \$Certified Copy

**Mailing Address:** 

TO:

Registration Section

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

Cret Money Prog	wan LLC
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 12100272820	were filed on $\frac{06/11/2021}{2021}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Mel's African To	uch LLC
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	822 Spence Circle
(Principal office address MUST BE A STREET ADDRESS)	1 TICEVITIE / FIDERCIA
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	3967 STALLAHRY OF
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	, Florida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

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ated July	26th	, 202	<u>.                                     </u>			
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