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COVER LETTER

TO: Registration Se Division of Cor					
Melissa Ma	ixīne LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Melissa Fernandez				
		Name of Person			
	Melissa Maxine LLC				
		Firm/Company			
	2690 NW Windemere Dr.				
		Address			
	Jensen Beach, FL 34957				
		City/State and Zip Code			
	melissafdez@ufl.edu	to be used for future annual report n	otification)		
For further information c	concerning this matter, please c		(Marie Land)		
Melissa Fernandez		772 6781948 at ()			
Name o	of Person		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 Addre		Street Address			
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melissa Maxine LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 08/23/2021 and assigned
Florida document number 1.21000376798	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	<i>t</i> -
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	ပုဒ္
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of	verformance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	adress, i nereny confirm that the timited Hability

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
MGR	Melissa Fernandez	2690 NW Windemere Dr.	= Add
		Jensen Beach, FL 34957	_
			□ Change
AMBR	Melissa Fernandez	2690 NW Windemere Dr.	= Add
		Jensen Beach, Ft. 34957	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□∧dd
			□Remove
			□ Change

7. military	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
(If an effecti Note: If	date, if other than the date of filing:
e record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Melissa Fernandez Typed or printed name of signee