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ALLAHASSEE, FLORIDA

AUG 1 2022 S. PRATHER

COVER LETTER

TO: Registration S Division of Co			
subject: <u>M</u> .	elton Promo Name of Lim	ited 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:	
	Donai	Van Meltan Name of Person	
	Melta	1 Properties	111
	2750	Edwards Rd Address	<u>. </u>
	South	Part FL 324 City/State and Zip Code an DISK cartro o be used for future annual report not	109
	E-mail address: (1	an WISK Cantro	acting, coul
For further information c	oncerning this matter, please ca		· ·
Name o	ivan Meltan f Person	at (&SD) 35& Area Code Daytin	re Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
/			

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	2022 TAL
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) led Liability Company)	FILE 2022 MAY 27 TALLAHAUSEE
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2 3 000190 5</u> 9	1	1 200 End assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		the abbreviation "L.L.C."
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
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 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>	Name	Address	Type of Action
AMBR	Donavar Meltan	2750 Fdwards Rd.	_ ZAdd
		Southpart, FL 32409	□Remove
			□Change
MGR	Andrew Meltan	2750 Edwards Rd.	_ 🗹 Add
		Southport, FL 32409	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
		7-4	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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