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9/25/2022

COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: <u>La Susurradora de Melena's LLC</u> 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:
Amanda Rodriguez Name of Person
La Susurradora de Melena's LLC Firm/Company
1401 Village Blud Apt. 116 Address
West Palm Beach/FL/33409 City/State and Zip Code
Melenaluhisperer 22@ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda Rodriquez at (561) 246-7865 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

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(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on ad Liability Company)	ENA'S LLC our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>し 22000226861</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	ation "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 offic agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	reet 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>	<u>Name</u>	Address	Type of Action
MGR	Amanda Rodriguez	1401 Village Blud APt. 116 West Palm Beach, FL, 331	XAdd
	J	West Palm Beach, FL, 331	109 Remove
			□Change
AP	Amanda Rodriguez	1401 Village Blva Apt. 116	🗆 Add
	V	West Palm Beach, FL, 35	
			□Change
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(If an eff Note:	ive date, if other than the date of filing:
ne recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or and representative of a member
	Amanda Rodvizivez Typed or printed partie of signee