

L22000427762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

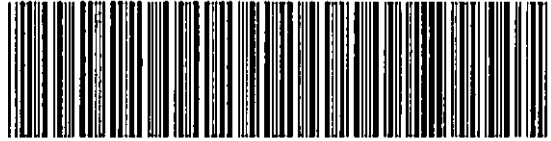
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alive With Melissa LLC
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:

Melissa Jill Clark
Name of Person

Alive With Melissa LLC
Firm Company

3104 Pomeroy Drive, Apt 401
Address

Wellington, FL 33414
City/State and Zip Code

melissajill@AliveWithMelissa.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Jill Clark at (732) 966-1188
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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TALLAHASSEE, FL

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Alive With Melissa, LLC

The Articles of Organization for this Limited Liability Company were filed on 9/20/22 and assigned Florida document number L22000427762

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

3104 Pomerol Drive
Apt 104
Wellington, FL 33414

(Mailing address MAY BE A POST OFFICE BOX)

3104 Pomero 1 Drive
Apt 104
Wellington, FL 33411

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Cin.

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

SECRETARY OF STATE
WASHINGTON, D.C. 20520-1204
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-01-2013 BY 60322
UCBAW/BJA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated October 10, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee