

(((H230000697213)))



H230000697213ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELISSA J DESIGNS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

203

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Melissa J Designs LL</u>	.C	
(Name of the Limited List (A Flor	bility Company as it now appears on our recordida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability		and assigned
Florida document number <u>L2200048586</u> 4	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Melissa Jean Design & Interio	ors, LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		20073
B. If amending the registered agent and/or register agent and/or the new registered office address here		
agent and/or the new registered office address here	•	23
Name of New Registered Agent:		. PH
Name of New Registered Agent.		<u> </u>
New Registered Office Address:	Enter Florida street addre	5
	, Fl	lorida 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
	·		
			□Remove
			Change
			□Add
			□Remove
			□Change
	***	□Add	
		Remove	
			□Change
······································			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

•	
,	
•	
-	
-	
-	
-	
fan ef <u>Note:</u>	fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
record is fi	ed 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	February 22 2023
	February 22 . 2023 . Rakin January Signature of a member or authorized representative of a member
	Robin Jones Typed or printed name of signee

Filing Fee: \$25.00