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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone : (786)615-3057 Fax Number : (786)615-3058

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 -**MELIMON LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELIMON LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000212749</u>	any were filed on 05/01/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	inbility company here:	
The new name must be distinguishable and contain the words "Limited Li	lability 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)		<u>. </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		029
		<u></u>
		1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registered
		ر بن
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido street oddress	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, If changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F.,	S. Or, if this document is

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>	Name	Address	Type of Action
AMBŔ	MELISA RIVERO	720 NW 30TH AVE	
		MIAMI, FL 33125	□Rēmove
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			□Remove
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		Signatur	e of a member	of authorized	epresentative of a	member		