LZ3000248778

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COVER LETTER

TO: Registration Se Division of Cor			
	LLINS LLC, a Florida Limited	Liability Company	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	endence concerning this matter	•	
	Joel Piotrkowski, Esq.		
		Name of Person	
	Green & Piotrkowski PLL	с	
		Firm/Company	
	317 - 71st Street		
		Address	
	Miami Beach, Florida 331	41	
		City/State and Zip Code	
	joel@gkppn.com	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	•	
Joel Piotrkowski		305 865-4314	
Name o	f Person	at () Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	tion

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT 2023 JUN 29 PM 1: 15 ARTICLES OF ORGANIZATION OF MELANATION

Y & D COLLINS LLC, a Florida Limited Liability Company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/19/2023 ____ and assigned Florida document number _____L23000248778 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	RANI DISHI	571 WEST 183RD STREET	■Add
		NEW YORK, NY 10033	□Remove
			[]Change
AMBR	ERIK YEHEZKEL	210 71ST STREET #309	🖼 Add
		MIAMI BEACH, FL 33141	□Remove
			Change
			DAdd
			□Remove
			□Remove
			Change
			
			□Remove
			Change
			DAdd
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cord sp s filed.		effective date, but not	an effective tir	ne, at 12:01 a.m.	on the carlier of:	(b) The 90th day	after the
ted	J-70	<u> 23,</u>	203	3			
							
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Filing Fee: \$25.00