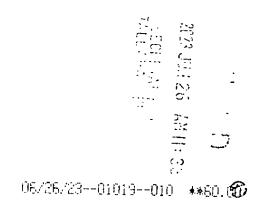
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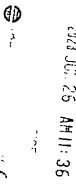
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE JUN 2 6 2023	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: Me	ladee LLC		
SUBJECT: TE		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dionn	Name of Person	
	Mel	adee LCC	
		ahan dr 87	TE 801-133
		Sec FL 32 City/State and Zip Code Ooking 3@ 5mg o be used for fluture annual report not	
	E-mail address: (1	o be used for future annual report not	ification)
For further information co	oncerning this matter, please co	all:	
Jashua 1	Person Guez	at (<u>448</u>) <u>207</u> Area Code Daytin	- 3 i 5 3
Enclosed is a check for th	e following amount:		
S25.00 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 radditional 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

ARTICLES OF O	RGANIZATION		100	(3)
. 0	F	2023 11 12	J	
Melader LL		2023 Jul 26 1277 12 20 4	1811:34	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our liability Company)	records.)	. :	
		<i>:</i>		
The Articles of Organization for this Limited Liability Company	were filed on	7/2023	and assigned	
Florida document number $\angle 23000277206$				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	7. C	allow at the	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and comain the words. Limited Liabili	ty Company, the designation	n "LLC" or the abbre	viation "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)				
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name o	f the new regi	sterec
agent and/or the new registered office address here:				
N. CNI D. C. LA				
Name of New Registered Agent:			 -	—
New Registered Office Address:				
	Enter Florida street	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 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>	Address	Type of Action
<u>AMBR</u>	Jashua Rodríquez	1057 High mudon dr Tallahassee FL 32311	□Add
			Kemove
			□Change
<u>MGR</u>	Dionna Brown	3122 Mahan dr STE 801-13 Taliahassec fl 32308	3 XAdd
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00