L23000380774

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1023 SEP -7 MM 8: 41 SECRETARY OF STATE TALLAHASSEF. FI

COVER LETTER

TO: Registration Se Division of Cor			• .	
Memories V	Vax Melts LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jennifer Curry			
	Memories Wax Melts LLC	•		
		Firm/Company	_ 	
	5260 County Road 208 Lo	t A		
		Address		
	St Augustine Florida 32092	2		
		City/State and Zip Code		
	hannahmaecurry@gmail.co) 1 ₁	202
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)	2023 SEP - SECRETA
Jennifer Curry		904 669-6962	12 25 25 25	
Name o	f Person	Area Code Daytime	Telephone Number 17	1 8: 41
Enclosed is a check for th	ne following amount:		,	•
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate Cortified	f Status &

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 OF

Memories Wax Melts LLC		
(Name of the Limited Liability ((A Florida Liability)	Company as it now appears on our records mited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Com	npany were filed on 08/14/2023	and assigned
Florida document number 1.23000380774		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 \$ SECI
Principal office address MUST BE A STREET ADDRES	SS)	
		#8 1
		SSC P
Enter new mailing address, if applicable:		my oo
Mailing address MAY BE A POST OFFICE BOX		
nating dutiess may be a rost of fice boar		
3. If amending the registered agent and/or registered o	ffice address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
		orida
	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
MGR	Hannah Curry	5260 County Road 208 Lot A	□Add
		St Augustine. FL 32092	Remove
			□ A dd
			Remove
			Change SECRE Add
			Nemove ☐
			SEE STATE Change
			🗀 Add
			□Remove
			□Change
			□Remove
			Change
		· ·	□Add
			□Remove
			□ Change

Typed or printed name of signec-

Jennifer Curry