

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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09/09/24--01011--019 **25.00

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COVER LETTER

Registration Section

TO:

| DAWN MELTON BUSINESS SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | |
|--|---------------|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | |
| | | |
| Please return all correspondence concerning this matter to the following: | | |
| | | |
| Dawn Melton | | |
| Name of Person | | |
| DAWN MELTON BUSINESS SERVICES LLC | | |
| Firm/Company | | |
| 6937 298th Ave N | | |
| Address | | |
| Clearwater, FL 33761 | | |
| City/State and Zip Code | | |
| dawnmarygray@yahoo.com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Dawn Melton 615 815-0566 | | |
| at () | _ | |
| Name of Person Area Code Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| ■ \$25.00 Filing Fee | Status & y | |
| Mailing Address: Registration Section Street Address: Registration Section | | |
| Division of Corporations Division of Corporations | | |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAWN MELTON BUSINESS SERVICES LLC (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 $\frac{04/10/2024}{1}$ and assigned Florida document number ______L24000169550 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MELTON MADE RIGHT LLC 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 , Florida

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 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 |
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| (If an effe Note: | ve date, if other than the date of filing: |
| ie record ord is file | 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 ed. |
| Dated _ | August 29, 2024. |
| | Signature of a member or authorized representative of a member |
| | |

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Filing Fee: \$25.00