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(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MELIS	SSA LAHUR LLC		
30 D 0 L 01.	Name of Lim	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:	
		Melissa Lara Hurtado	
		Name of Person	
		MELISSA LAHUR	
		Firm/Company	
	1504 BA	Y ROAD MIAMI BEACH APT 12	02 C
		Address	
		Miami Beach 33139	
		City/State and Zip Code	
		elissalarahurtado@gmail.com to be used for future annual report n	otification)
For further information co	oncerning this matter, please c	all:	
Malicea I a	ra Hurtado	at (305)	.873 0988
Name of			ime Telephone Number
Enclosed is a check for th	e 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)
			23.
Mailing Address	<u>.</u>	Street Address:	
Registration S Division of Co		Registration S Division of C	
P.O. Box 632		The Centre of	
Tallahassee, F			roe Street, Suite 810
		Tallahassee, l	FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELISSA L~~HUR LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed onMay 28, 2024	and assigned
Florida document numberL24000243809		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MELISSA LAHUR LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	407 Lincoln Rd, Suite 6H #1257	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL, 33139	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	407 Lincoln Rd, Suite 6H #1257 Miami Beach, FL, 33139	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nar	ne of the new registe
agent und of the new registered office address neve.		
Name of New Registered Agent:	10.00	
New Registered Office Address:	Enter Florida street address	
	Liner 1 tortuu sireet aaar 855	
	, Florida	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 desiment 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
		 	□Change
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			Remove
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			□ Ræmove
			□ Change

		
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re: If t	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.020 its, this date will not be listed a
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ted	June 23 2024 Veliscotization	15 FSA
	100 Houseaster	5.73
	Signature of a member or authorized representative of a member	•