

U2000157132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

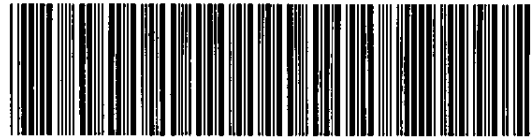
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 18 2014
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MELAVERDE, 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:

LILY AMADOR
Name of Person
SHOMAR ACCOUNTING, PA
Firm/Company
7777 NW 146TH ST
Address
MIAMI LAKES, FL 33016
City/State and Zip Code
LILY@SHOMARACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

LILY AMADOR at **(305) 825-1123**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MELAVERDE, 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 12/17/2012 and assigned
Florida document number L12000157132

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 end with 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

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each MANAGER or Authorized Member before added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

Title	Name	Address	Type of Address
MGR	ROSA MARIA DI BENEDETTO	670 LINCOLN RD	<input type="checkbox"/> HOME
		MIAMI BEACH, FL	<input type="checkbox"/> BUSINESS
		33139	
			<input type="checkbox"/> HOME
			<input type="checkbox"/> BUSINESS
			<input type="checkbox"/> HOME
			<input type="checkbox"/> BUSINESS
			<input type="checkbox"/> HOME
			<input type="checkbox"/> BUSINESS
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			<input type="checkbox"/> HOME
			<input type="checkbox"/> BUSINESS

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated MAY 20, 2014

Renzo Bombonato

Signature of a member or authorized representative of a member

RENZO BOMBONATO

Typed or printed name of signee

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Filing Fee: \$25.00

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