## L23000291733

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A. PARISHANI DEC 1 6 2023

## **COVER LETTER**

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UBJECT: Mels	sky Reality	LLC	<del>20</del>			
•	Name of Lin	nited Liability Company	23 D			
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	rend Nestel			
lease return all correspo	ondence concerning this matter	to the following:	2023 DEC -4 PM 4: 12  J. VISION OF CORPORATION JALLAHASSEE, FLORIDA			
	Jonis	ha Davis	102 <b>2</b>			
	Rea	1 estate (Mels	Ky Beality)			
	337_c	olphin Ave SE	<del>-</del> <u>-</u>			
	st pe	ersburg FL 3 City/State stat/Zip Code	3705			
	E-mail address: (	to be used for future annual report non	imail. Com			
or further information o	concerning this matter, please c	all:				
Josisha	Davis	at (786) - 710	-7206			
Name o	of Person	Area Code Daytim	e Telephone Number			
nelosed is a check for t	he 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)			
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Mailing Addres	ss:	Street Address:				
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Division of C	•	Division of Corporations				
P.O. Box 632		The Centre of T				
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF appears on our records.) he Articles of Organization for this Limited Liability Company were filed on \_ orida document number <u>L2300029/733</u> his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." clothin are St nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) petersburg, FL 33705 7 dolphin are SE nter new mailing address, if applicable: St Petersburg, FL 33705 **1ailing address MAY BE A POST OFFICE BOX)** . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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