## L02000008373

(Re	questor's Name)	<u> </u>
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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

DEC 2 2011

## **COVER LETTER**

TO:

**Registration Section** 

Division of	Corporations			
SUBJECT:	MELLEN	IIA TRAVEL LLC		
	Name of Lim	nited Liability Company	<del></del>	
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.		, .
Please return all cor	respondence concerning this matte	er to the following:		•
		DR ANAS A KHALAF	<del></del>	
		Name of Person		
	M	ELLENIA TRAVEL LLC		
		Firm/Company		<b>~</b> 3
		PO BOX 781488	ALL	7011 DEC
		Address	AH AH	DEC
		ORLANDO, FL 32878	SSE	
		City/State and Zip Code		至
	DRK		Con 3	9: 40
For further informate	E-mail address:	(to be used for future annual report notificate call:	ion)	0 .
DF	R ANAS A KHALAF	at ( 407 ) 37	0-4444	
N	ame of Person	Area Code & Daytime To	elephone Number	
Enclosed is a check	for the following amount:			•
\$25.00 Filing Fe	See \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &
				•
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section	ADDRESS:	
		Division of Corporation	ons	
		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELLENIA TRA'					
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears ity Company)	on our records.)		_	
The Articles of Organization for this Limited Liability Company were	e filed on	04/09/2002	a	nd assig	med
Florida document numberL0200008373					
This amendment is submitted to amend the following:			٠		
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 L"L.L.C."	iability Compan	y," the designation '	"LLC"	or the ab	breviatio
Enter new principal offices address, if applicable:		· :	MANUEL SEE	2011	
(Principal office address MUST BE A STREET ADDRESS)	<del>,</del>		PE -	品	4
			SZ.	C +	ff pay attitude.
			m C		1-4-4-
Enter new mailing address, if applicable:			ŢŊ.	Ī	£ 5 3
			22	<del></del>	`
(Mailing address MAY BE A POST OFFICE BOX)			> 	<del>*</del>	
B. If amending the registered agent and/or registered office	address on o	ir records, enter	the n	ame of	the ne
registered agent and/or the new registered office address here:		records, <u>enter</u>	the H	41110 01	the tte
			*		
Name of New Registered Agent:	-				<del></del>
New Registered Office Address:					
	Enter Florida street address				
		, Florida _			
	itv			n 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ANIS A KHALAF	1650 E COLONIAL DR ORLANDO, FL 32803	✓ Add  Remove
			D ome area
			D D amous
			Pamoua
			AddRemove
D. If an		enter change(s) here: (Attach additional sheets, enter change(s) here: (Attach additional sheets, enter change)	
		·	STAILE STAILE
Dated	NOVEMBER 28TH		<u>,                                      </u>
	Signatu	DR ANAS A KHALAF  Typed or printed name of signee	er

Page 2 of 2

Filing Fee: \$25.00