

L05 000114957

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000118867 3)))



H130001188673ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MELG LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
13 MAY 29 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 30 2013
A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

H 13000118867

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

MELG 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 12/01/2005 and assigned Florida document number L 05000114957

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 "LLC."

Enter new principal office 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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H 13000118867

FILED

2013 MAY 29 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000118867

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

Title	Name	Address	Type of Action
MGRM	MAXIMO carlos	Santana 690 SW 1 COURT	☒ Add
		BRICKELL FL 33130	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2013 MAR 29 AM 9:46
SECURITY STATE
TALLAHASSEE FLORIDA

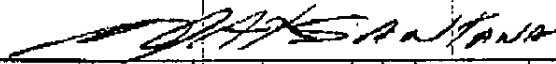
FILED

H13000118867

H13000118867

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

Dated 05/29/2013



Signature of a member or authorized representative of a member

MAXIMO CARLOS SANTANA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

2013 MAY 29 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H13000118867