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TALLAHASSEE, FLORIDA

LO7-52212

T. CLINE

MAY - 4 2009

EXAMINER

To Whom it May Concern:

Return address:

Bonnie Kelecseny
114 Melody Court
Lake Placid, FL
33852

863-465-7368

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M.E.T. L.L.C.
(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:

BONNIE KELECSENY
(Name of Person)

M.E.T. L.L.C.
(Firm/Company)

114 MELODY COURT
(Address)

LAKE PLACID, FL 33852
(City/State and Zip Code)

For further information concerning this matter, please call:

BONNIE KELECSENY at (863) 465-7368
(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

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TALLAHASSEE, FLORIDA

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

M.E.T.L.L.C

(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 APRIL 26, 2009 and assigned
Florida document number L07000052212.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M.E.T.L.L.C

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)

114 MELODY COURT

LAKE PLACID, FL 33852

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:

BONNIE KELECSENY

New Registered Office Address:

114 MELODY COURT

(Enter Florida street address)

LAKE PLACID, Florida 33852

(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.

Bonnie Kelecseny

(If Changing Registered Agent, Signature of New Registered Agent)

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>	<u>Type of Action</u>
MGRM	LORENZA CLEVELAND	1357 US HWY 27 SOUTH LAKE PLACID, FL 33852	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL PARISA	9 NEMETH STREET MELVERNE, N.Y. 11565	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RODNEY LUCZAC	1357 US HWY 27 SOUTH LAKE PLACID, FL 33852	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BONNIE KELECSENY	114 MELODY COURT LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ERICK KELECSENY	114 MELODY COURT LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

AMENDING ADDRESS AND ALL PREVIOUS MANAGING MEMBERS

Dated APRIL 26, 2009

Bonnie Kelecseny

Signature of a member or authorized representative of a member

BONNIE KELECSENY

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 11 AM 10:57

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