

L070VV109427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

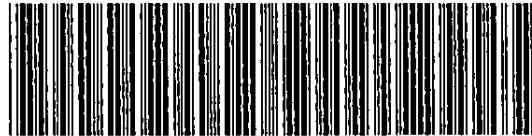
NY

Office Use Only

B. KOHR

JUN - 4 2012

EXAMINER



100235437121

06/01/12--01006--007 **25.00

12 JUN - 1 PM 5:00
RECEIVED
FILING OFFICE
NEW YORK, NY

LEFKOWITZ, SHAW & SENTNER

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ*
THOMAS C. SHAW**
KEVIN A. SENTNER**

430 NORTH MILLS AVENUE, SUITE 4
ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974
FACSIMILE (407) 425-1981
WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND
MASTER OF LAWS IN ESTATE PLANNING
** BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

May 30, 2012

PERSONAL AND CONFIDENTIAL

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: The Melrose-Sovereign Companies L.L.C./Name Change
Reference # L07000109427

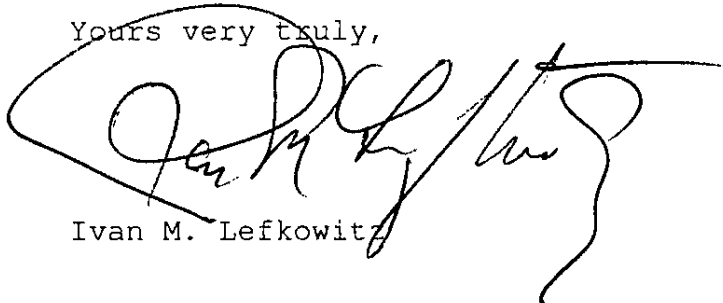
Dear Sir or Madam:

Enclosed herewith please find the Articles of Amendment to the Articles of Organization for Florida Limited Liability Company, with regard to the above referenced LLC. Also enclosed is a check in the amount of \$25.00 for filing.

PLEASE NOTE that the new name of this entity as reflected in this amendment is the same name as the company merged into the Melrose-Sovereign Companies L.L.C. by Certificate of Merger effective May 1, 2012. We are seeking to use the name of the merged entity as the new name of the surviving entity that resulted from the Merger.

Feel free to contact our office if there are any questions.

Yours very truly,



Ivan M. Lefkowitz

IML:ac
Enclosures
cc: Mr. Jack Hanson

12 JUN - 1 PM 3:00
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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

THE MELROSE-SOVEREIGN COMPANIES, 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 October 29, 2007 and assigned
Florida document number L07000109427.

This amendment is submitted to amend the following:

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

THE MELROSE MANAGEMENT PARTNERSHIP, 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)

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input 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.)*

Dated April 10, 2012.

Signature of a member or authorized representative of a member

JACK B. HANSON, MANAGER

Typed or printed name of signee