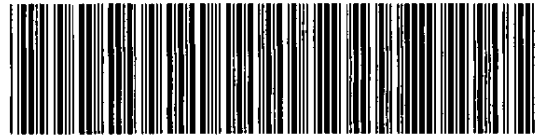


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

MAR 25 2009

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MELAW GROUP L.L.C.  
(Name of Limited Liability Company)  
(POC) L08 0000 55 259

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTEW BRADY - VANPAMELEN  
(Name of Person)  
MELAW GROUP L.L.C.  
(Firm Company)  
P.O. BOX 1117  
(Address)  
GOtha FL 34734  
(City State and Zip Code)

For further information concerning this matter, please call:

ROBERT VAN PAMELEN at 407 832-1670  
(Name of Person) (OR) (Area Code & Daytime Telephone Number)  
KRISTEW BRADY - VANPAMELEN - 407-832-4030

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 23 AM 10:38

MELAN GROUP 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 6-4-08 and assigned  
Florida document number L08000055259

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1312 BELFIORE WAY  
WINDERMERE FL.  
34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1117  
GOTHA FL  
34734

**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:


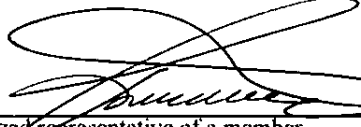
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARY G THARP	250 NORTH ORANGE AVE SUITE 1250 ORLANDO FL 32801 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT D. VANPAMEN ↓ MAILING ADDRESS: P.O. BOX 1117 GOTHA FL 34734	1312 BELFIORE WAY WINDERMERE FL 34786	<input checked="" 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.)

NO, JUST REMOVING GARY THARP  
AND ADDING ROBERT D VANPAMEN  
AS THE NEW MGRM

Dated 3-17-2009

	
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member
GARY THARP.	ROBERT VANPAMELEN
Typed or printed name of signee	Typed or printed name of signee

**Gary G. Tharp, CCIM**  
Developer

**March 17, 2009**

**To whom it may concern,**

**This letter is to serve as notice that I will resign my position as Broker for Melan Group, LLC as of the date that Robert VanPamelen is officially registered as a Real Estate Broker with the Florida Department of Business and Professional Regulation as the Broker for Melan Group, LLC.**

**Thank you,**

  
**Gary Tharp, CCIM**