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COVER LETTER

TO: F Registration Section Division of Corporations
SUBJECT: Melnick, Lilienfeld & Castonguay, CPA's, LCC 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:
Susan Costonguay Conway
Melnick, Cilienfeld & Castonguay, CPAS LCC
1551 Sawgiass Corporate Parkway #100
Sunrise, FC 33323 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Costonguay Conway at (954) 943-1040 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, 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

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Melnick, Cillenfeld (Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on our records.) Out of the state of the sta
The Articles of Organization for this Limited Liability Comp	LUOIA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Melnick, Cilienfeld & Casto The new name must be distinguishable and contain the words "Limited"	Liability company here: Onguay, LLC 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 ADDRES)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:			person being adde	
MGR = N AMBR = A	Aanager Authorized Member		2017 DEC 26 PM 3: 04	
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Susa Costoxquay Conway	
Signature of a member or authorized representative of a member	
Susan Castonsuau Conwau	

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Filing Fee: \$25.00