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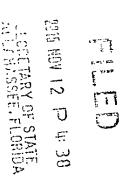
| (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| • | Corporations | | | | | |
|-----------------------------------|--|---|---|--|--|--|
| MELIN SUBJECT: | ES ENTERPRISES LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all corre | espondence concerning this matter | to the following: | | | | |
| | MARIA ELISA GIROUD | | | | | |
| | | Name of Person | | | | |
| | MELINES ENTERPRISE | S LLC | | | | |
| | | Firm/Company | | | | |
| | POBOX 173281 | | | | | |
| | | Address | | | | |
| | HIALEAH, FL.33017 | | | | | |
| | | City/State and Zip Code | | | | |
| | percosmelisa@hotmail.con | | | | | |
| | | to be used for future annual report notif | ication) | | | |
| For further information | on concerning this matter, please c | all: | | | | |
| maria elisa gir | OUD | 786 443-3006 at () | | | | |
| Nan | ne of Person | Area Code Daytime | e Telephone Number | | | |
| Enclosed is a check for | or 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 enclose) | | | |

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

| (Name of the Limited Lis (A Flo | ability Company as it now appears on our reco orida Limited Liability Company) | rds.) |
|--|---|----------------------------------|
| The Articles of Organization for this Limited Liability Florida document number L09000085686 | ty Company were filed on | and assigned |
| This amendment is submitted to amend the following | g: | · |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words | 'Limited Liability Company," the designation "Li | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | | · |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | egistered office address on our recor | |
| | | |
| New Registered Office Address: | Enter Florida street addr | ress |
| | | Florida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

MELINIEG ENTEDDDIGEG LLC

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_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|-----------------------------|----------------|
| MGR | MARIA ELISA GIROUD | POBOX 173281, HIALEAH,FL.33 | Add |
| | | | Remove |
| | | | ■ Change |
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| Effective date, if other than the date of filing: [If an effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. NOVEMBER 6 2015 Asignature of a member or authorized representative of a member Asignature of a member or authorized representative of a member The specifies and the specifies | | ending any other information | | | | |
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| Signature of a member or authorized representative of a member Name E. Giraud Typed or printed name of signee | -at-u | | 4. 86 1 | | | ent of the |
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Filing Fee: \$25.00