# 109000097385

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(D.	rinaa Falibaklan	
(60	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,	J	
L		





700284680837

04/26/16--01014--020 \*\*25.00

SECRETARY OF STATE TALEAHASSEE, FLORID.

116 APR 26 PH 3: 0:

K. SALY EXAMINER

APR 28

### **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	eMello E Name of Lim	esian LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Man	Name of Person	)
	DeMel	lo Design l	<u>lc</u>
	Latt Jone	athan's Bay	Circle # 102
	Ft. Myer	S. FL 3390 City/State and Zip Code	08
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Maria 1 Name o	Do Mello f Person	at (239) 331 - Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

2016 APR 26 PM 3: 09

TALLAHASSEE, FLORIDA

### 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 being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action Same as already filed

			Remove
			☐ Change
	same as a	dready filed	
			A PROPERTY OF THE PROPERTY OF
•			TO Change
			3. 09 FLORAD
		<del></del>	Remove
			☐ Change
	,		
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

•					
<del></del>				<del></del>	
<del></del>	·	·····			
					<del>\$</del> \$ \$
					1016 PR 26 PM STATE
		<del></del>			ASSE P
				<del>_</del> -	20. 4
			<del></del>		
	<u> </u>		<u> </u>		
		<u></u>		<u></u>	
					<del></del>
			<u> </u>		<del></del>
<del></del>		<u></u>			
<del></del>	· ·-				
			<u> </u>	· —	
ote: If the date	if other than the destricted in this block inserted in this block tive date on the Dep	k does not meet the	applicable statutor	ng or more than 90 days a y filing requirements,	optional) after filing.) Pursuant to 605.02 this date will not be listed a
record spec The 90th da	cifies a delayed of y after the recor	effective date, b d is filed.	ut not an effec	tive time, at 12:0	1 a.m. on the earlier
ated H	-19	, ac	الو.		
	<u>(8</u>	gnature of a memogr	uld fell or authorized represe	ntative of a member	
		9	✓		

Page 3 of 3

Filing Fee: \$25.00