

L11000029107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

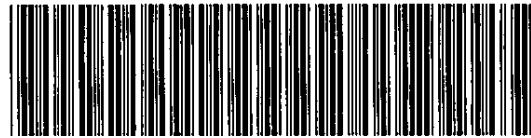
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200295111832

02/15/17--01007--004 **25.00

FEB 16 2017
S. YOUNG

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 FEB 15 AM 11:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Mellis LLC

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:

Juan pablo Zambotte

Name of Person

Las Mellis LLC

Firm/Company

923 Brickell Ave.

Address

Miami, FL 33131

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Pablo Zambotti

Name of Person

at (786) 693-2725

Area Code

Daytime Telephone Number

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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 FEB 15 AM 11:57

Jas Mellis LLC.

The Articles of Organization for this Limited Liability Company were filed on 3-9-2011 and assigned Florida document number L11000029107.

N/A.

N	A
---	---

U | A

$N|A$

Enter Florida street address

Page 1 of 3

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>	<u>Type of Action</u>
MGR	Albania Lovelace	923 Brickell Ave. Miami, FL 33131	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
17 FEB 18 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

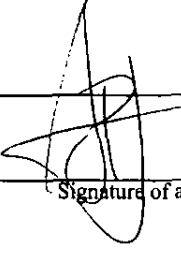
Lined area for amending information.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 15 AM 11:57

E. Effective date, if other than the date of filing: _____ (optional)
(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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Feb-10, 2017.



Signature of a member or authorized representative of a member
Juan Pablo Zambotti

Typed or printed name of signer