L/1000108570

| (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



000430422660

05/29/24--01002--002 **25.00

6/17/24

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: MELA INV | VESTMENT, LLC Name of Lim | ited Liability Company | <u>.</u> | | |
|--|--|---|---|--|--|
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | BENLOLO, JUDAH | | | | |
| | • <u></u> | Name of Person | | | |
| | MELA INVESTMENT, L | LC | | | |
| | - <u>-</u> | Firm/Company | | | |
| | 19955 NE 38 TH CT | | | | |
| | | Address | | | |
| | AVENTURA, FL 33180 | | | | |
| | City/State and Zip Code | | | | |
| | leobenlolo@gmail.com | | | | |
| | E-mail address: (| to be used for future annual report notif | ication) | | |
| For further information c | concerning this matter, please ca | all: | | | |
| | | | | | |
| Name o | of Person | at () Area Code Daytime | e Telephone Number | | |
| | | | | | |
| Enclosed is a check for the | he 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 | | Street Address: Registration Sec | etion | | |
| Registration : | | Division of Cor | porations | | |
| Division of Corporations P.O. Box 6327 | | The Centre of T | · , | | |
| Tallahassee. | | | e Street, Suite 810 | | |
| | | Tallahassee, FL | 32303 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on rida Limited Liability Company) | our records.) |
|---|--|---|
| The Articles of Organization for this Limited Liability Florida document number $\frac{1.11000108570}{1.000108570}$ | | and assigned |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| The new name must be distinguishable and contain the words "l | Limited Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| ALTERNATION OF A DOCT OFFICE DOWN | | |
| <u>(Mailing address MAY BE A POST OFFICE BOX)</u> | | |
| (Mauing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registe | ered office address on our reco | ds, enter the name of the new register |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: | ered office address on our reco | ds, enter the name of the new register |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: | ered office address on our reco | ds, enter the name of the new register |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | ered office address on our reco | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: | ered office address on our recore: Enter Florida s | treet address |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | ered office address on our recore: Enter Florida s | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | ered office address on our recore: Enter Florida s | treet address |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent: | ered office address on our recore: Enter Florida s City ered Agent: ent and agree to act in this caped complete performance of my diagent as provided for in Chaptered office address, I hereby contains the complete of the contains the contains and complete performance of the contains tha | treet address . Florida Zip Code icity. I further agree to comply with the duties, and I am familiar with and oter 605, F.S. Or, if this document is |

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> | Address | Type of Action |
|--------------|------------------|--------------------|----------------|
| AMBR | MICHAEL BENLOLO | 19955 NE 38 TH CT | ≅ Add |
| | | UNIT 1103 | □Remove |
| | | AVENTURA, FL 33180 | □ Change |
| AMBR . | JONATHAN BENLOLO | 19955 NE 38 TH CT | = Add |
| | | UNIT 1103 | □Remove |
| | | AVENTURA, FL 33180 | □Change |
| | | | □Add |
| | | | □ Remove |
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| Effective date, if other than the date of filing: | nal) filing.) Pursuant to 605.020 date will not be listed a |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) rd is filed. | The 90th day after th |
| | (~) |
| MAY 13 2024 | : |
| Dated MAY 13 2024 | |
| Dated | |
| Dated MAY 13 Signature of a homber of authorized representative of a member | |

Filing Fee: \$25 0