

L11000138374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

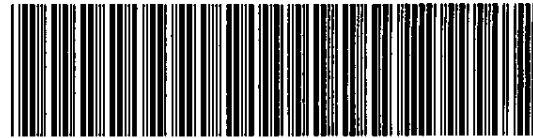
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 29 PM 12:34

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N. Culligan JAN - 3 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Metis Melrose, 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:

Mandy Force

Name of Person

Metis Melrose, LLC

Firm/Company

500 N Westshore Blvd Suite 760

Address

Tampa, FL 33609

City/State and Zip Code

Mandy.Force@fsfp.com

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

For further information concerning this matter, please call:

Mandy Force

Name of Person

at ( 813 )

839-7300 ext 308

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
11 DEC 29 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Metis Melrose, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/08/2011 and assigned  
Florida document number L11000138374.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Andrew Wright

New Registered Office Address: 500 N. Westshore Blvd Suite 760

*Enter Florida street address*

Tampa, Florida 33609  
*City 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 608, 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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mngr	Bryan Zinober	500 N. Westshore Blvd Suite 760 Tampa, FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mngr	Andrew Wright	500 N. Westshore Blvd Suite 760 Tampa, FL 33609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

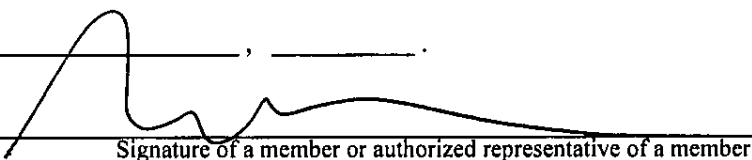
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SECRETARY OF STATE  
TAMPA, FLORIDA

11 DEC 29 PM 12:34

FILED

Dated \_\_\_\_\_, \_\_\_\_\_.

  
 Signature of a member or authorized representative of a member

Andrew Wright

Typed or printed name of signee