Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000080751 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOANE & DOANE, P.A.

Account Number : I20110000089 Phone : (561)656-0200

Fax Number

: (561)622-0336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

CWATERS & DO ANELAW. COM

57 $\stackrel{..}{=}$

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELLON TWO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	2+3
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

H120000807513ABCY

*ARTICLES OF AMENOMENT ... TO

FILED

ARTICLES OF ORGANIZATION 2 MAR 28 AM 7: 52

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	MELLON	TWO, LLC	·	
(N	ame of the Limited Liability Comp (A Florida Limited	any as it now ap: Liability Compar	pears on our records.) ly)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization	for this Limited Liability Company	y were filed on .	December 16, 2011	_ and assigned
Florida document number	L11000141784			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company	here:	
The new name must be distingu "L.L.C."	ishable and end with the words "Lim	nited Liability Cor	mpany," the designation "LLC	or the abbreviation
Enter new principal offices	address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MU	ST BE A STREET ADDRESS)			
		*****		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
		 	,	,
	ered agent and/or registered of new registered office address ber		n our records, enter the	name of the new
				,
Name of New Regist	tered Agent:			
New Registered Office Address: Enter Florida street ac				*
		City	, Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR ≈ Manager

H120000807513ABCY

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:

MGRM = Managing Member Title. <u>Name</u> <u>Address</u> Type of Action Alkiviadis Tranos Karallis MGR 2 Elton Place □ Add Boynton Beach, FI 33426 Z Remove ☐ Add Remove Add Remove □ Add Remova ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Dated Signature of a member or authorized representative of a member Spyridon Tranos Karallis Typed or printed name of signee

Page 2 of 2

H120000807513ABCY

Filing Fee: \$25.00