L11000141784

Apr. 18. 2013 2:40PM H13000087996 No. 4541 Page 1 of 1

Florida Department of State
Division of Corporations
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.

(((H13000087996 3)))

H13000087996 3ABCA

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

FILED
2013 APR 18 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: cwaters@doanelaw.com

RECEIVED
13 APR 18 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

APR 19 2013
A. LUNT

Electronic Filing Menu Corporate Filing Menu Help

H13000087996 3

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MELLON TWO, 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:

RANDELL C. DOANE
Name of Person

DOANE & DOANE, P.A.
Firm/Company

2000 PGA BLVD., SUITE 4410
Address

NORTH PALM BEACH, FL 33408
City/State and Zip Code

CWATERS@DOANELAW.COM
E-mail address: (to be used for future annual report notification)

FILED
2013 APR 18 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CLAIRE WATERS at (561) 656-0207
Name of Person 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

H13000087996 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELLON TWO, 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 December 16, 2011 and assigned Florida document number L11000141784.

FILED
2013 APR 18 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:
Enter Florida street address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

H13000087996 3

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

Title	Name	Address	Type of Action
MGRM	SPYRIDON TRANOS KARALLIS	2 ELTON PLACE BOYNTON BEACH, FL 33426	☐ Add ☑ Remove
MGR	RANDELL C. DOANE	2000 PGA BLVD., SUITE 4410 NORTH PALM BEACH, FL 33408	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
2013 APR 18 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated April 16, 2013.

Signature of a member or authorized representative of a member

Spyridon Tranos Karallis

Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00

FILED
2013 APR 18 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA