

Apr. 18. 2013 1:33PM

No. 4528 P. 1/51

H1300087982 3

L11000141786

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.

(((H13000087982 3)))



H130000879823ABC5

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
13 APR 18 AM 7:50
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

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS

APR 19 2013

EXAMINER

RECEIVED

13 APR 18 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H13000087982 3

Apr. 18. 2013 1:33PM

H13000087982 3

No. 4528 P. 2/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MELLON ONE, 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)

For further information concerning this matter, please call:

CLAIRE WATERS

Name of Person

561 656-0207

at () 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

H13000087982 3

Apr. 18. 2013 1:33PM

H13000087982 3

No. 4528 P. 3/5

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

13 APR 18 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MELLON ONE, 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 L11000141786.

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

H13000087982 3

Apr. 18. 2013 1:33PM

H13000087982 3

No. 4528 P. 4/5

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

13 APR 18 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SPYRIDON TRANOS KARALLIS	2 ELTON PLACE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RANDELL C. DOANE	2000 PGA BLVD., SUITE 4410 NORTH PALM BEACH, FL 33408	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

Apr. 18. 2013 1:33PM

H13000087982 3

No. 4528 P. 5/5

FILED

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

13 APR 18 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H13000087982 3