Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOANE & DOANE, P.A.

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

: (561)622-0336 Fax Number

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

CWATERS @ DOANELAW. COM

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

Certificate of Status	0
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EXAMINER

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Code	
	, Florida			
New Registered Office Address:		Enter Florida street add	A. C.D.	—
•			Öm o	
Name of New Registered Agent:				\$1 mm.
registered agent and/or the new registered office	ce address here:	,	Fig. 3	ş
B. If amending the registered agent and/or		n our records, enter	the name of th	e nëv
				
(Mailing uddress MAY BE A POST OFFICE B	<u> </u>		Fren No	
Enter new mailing address, if applicable:				
				
(Principal office address MUST BE A STREET				
Enter new principal offices address, if applical	ble:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	mpany," the designation '	'LLC" or the abbre	eviatio
A. If amending name, enter the new name of	the limited Hability company	<u>here</u> :		
This amendment is submitted to amend the follow	wing:			
	·	•		
Florida document number L11000141			and assign	cu
The Articles of Organization for this Limited Lis	ability Company were filed on	December 16, 20	11 and assign	~d
(A	Liability Company as it now so Florida Limited Liability Company	ocars on our records.)		
	MELLON, LLC			

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

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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>	Name	Address	Type of Action
MGRM	Alkiviadis Tranos Karalis	2 Elton Place	Add
		Boynton Beach, FI 33426	
			Add
			Remove
			Add
			Remove
			Add Remove
			Add Remove
			
			Add Remove
D. If amendíi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.	
			128 128
<u> </u>			
Dated	March 22 , 201	<u>2</u> .	
			3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Signature of a member of	r authorized representative of a member	
	Spyride Typed or	on Tranos Karallis r printed name of signee	
	· ·	Page 7 of 7	

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Filing Fee: \$25.00