## 112000019590

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
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2018 JUN 25 AM 8: 01

J. HARRIE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Melrose Heights P	roperties LLC	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Ginger Hanson		
•		Name of Contact Pers	on
	Melrose Heights Properties L	.LC	
		Firm/ Company	
	PO Box 430473	1 2	
		Address	
	Big Pine Key, FL 33043		
		City/ State and Zip Co	ode
melro	seheights12@gmail.com		
		sed for future annual repo	rt notification)
	E man address. (to be de	,	
For further information	concerning this matter, pleas	se call:	
Ginger Hanson		786 at (	537-4242 Code & Daytime Telephone Number
Name o	f Contact Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327	Ame Divis Clifto	et Address  Indiment Section  Ision of Corporations  In Building  Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melrose Heights Properties LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our record da Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Florida document number L12000019590	Company were filed on 02/09/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		20 10 10 10 10 10 10 10 10 10 10 10 10 10
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our record <u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	222
		lorida
_	and assigned sument number L12000019590  ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  emust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  diress MAY BE A POST OFFICE BOX)  ending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	

## 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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	James D. Hanson Jr.	PO Box 430473	<b>=</b> Add
		Big Pine Key, FL 33043	Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
	<u> </u>		
			Remove
			Change
			Add  Remove
<del></del>			Rémove Change
			Remove
			Change

Effective date, if other than the date of filing:    OS/25/2018			ere: (Attach additional sheets			
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Filing Fee: \$25.00