Florida Department of State

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

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.

Email Address:

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

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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section Division of Corporations

MELLON FOUR, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(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.

2000 PGA BLVD., SUITE 4410

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

561 656-0207

Name of Person

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 Fcc, 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 Bullding 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION LAHASSEE, FLORIDA OF

	City		Zip Code
	En	er riorida şireei dadir Florida	ca a
New Registered Office Address:	F	er Florida street addr	D00
Name of New Registered Agent:		····	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, <u>enter th</u>	e name of the new
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
Enter new mailing address, if applicable:	-		
(Principal office address MUST BE A STREET ADD			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	ny," the designation "Ll	.C" or the abbreviation
A. If amending name, enter the new name of the lir	nited liability company her	:	
This amendment is submitted to amend the following:			
Florida document number L12000027524			
The Articles of Organization for this Limited Liability	Company were filed on Fet	ruary 27, 2012	and assigned
·	· · · · · · · · · · · · · · · · · · ·		
	ty Company as it now appear a Limited Liability Company)	on our records.)	
MELLON FOUR, 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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Apr.	18.	2013	1	:46PM
		4 V I .		

MGR = Manager

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No. 4529 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:

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

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. If amending any other inform	nation, enter change(s) here: (Attach additional	sheets, if necessary.)
ted April 16	2013	
	ignature of a member or authorized representative of	a member
Spyridon Tran	nos Karallis	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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