Division of Corporations Electronic Filing Cover Sheet

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(((H12000080765 3)))



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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.**

CWATERS@DOANELAW.COM

2 HAR 28

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

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Electronic Filing Menu

Corporate Filing Menu

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No. 2477 P. 29

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

12 MAR 28 AM 8: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ME (Name of the Limited Liab (A Flori	ELLON FIVE, LLC Ility Company as it now appears of the Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L12000027526		oruary 27, 2012 and assigned	
This amendment is submitted to amend the following	;		
A. If smending name, enter the new name of the	imited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	' the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office as		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	· ·		
	Enter Florida street address		
_	Ciry	, Florida Zip Code	
	7		

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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alkiviadis Tranos Karallis	2 Elton Place	Add
		Boynton Beach, FI 33426	✓ Remove
			Remove
			Remove
			Remove
			Remove
			□Add
			Remove
D. If amendi	ng any other information, enter cha	ange(s) here: (Attach additional sheets, if nece	essary.)
·			
,		,	75. 12
			FIL OFFIARY CHETARY
 			
Dated	March 22	2012	STA FLOR
	· · · · · · · · · · · · · · · · · · ·	ber of authorized representative of a member	
-	Sp.	yridon Tranos Karallis ped or printed name of signee	
		Page 2 of 2	

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Filing Fee: \$25.00