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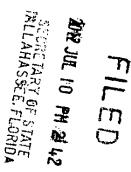
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EXAMINER



700236761697

07/09/12--01021--020 **60.00



COVER LETTER

	egistration Section vivision of Corporations
SUBJECT	r: Mel Rom LLC. Name of Limited Liability Company
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
٠	Melissa Magen Name of Person
	Mel Rom LLC.
	3870 N. 31 terrace
	Hollywood FC. 33021 City/State and Zip Code
.:•	E-mail address: (to be used for future Annual report notification)
For furthe	E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Melissa Magen at 305 013 - 8988
	Melissa Magen at 305 013 - 8988 F. Area Code & Daytime Telephone Number
	is a check for the following amount: Filing Fee Status Sta

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MelRo	om LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L120000287</u> 48	y were filed on	A DI Tand assigned	
This amendment is submitted to amend the following:		TAR	
A. If amending name, enter the new name of the limited lial	bility company here:	SE FEE	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the desi	gnation "LLE" of the Bobreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	3870 N. 3 1-10114woo	31 terrace 0 F. 33021	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	3870 N. Hollywoo	31 terrace od, FL 33021	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on our records re:	s, enter the name of the new	
Name of New Registered Agent:	-		
New Registered Office Address:	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 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 **Address** Type of Action **Title Name** Add 🔲 ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated . Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2 Filing Fee: \$25.00