

Division of Corporations

Page 1 of 1

L1200074020

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 : GONZALEZ & WERMUTH, P.L.
Account Number : I20020000138
Phone : (305) 715-7157
Fax Number : (305) 715-8982

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

Email Address: Rosario@R6MWLAW.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELLO PRIVATE FUND, LLC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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12 SEP 18 AM 10:45

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELLO PRIVATE FUND, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSARIO PRADO

Name of Person

GONZALEZ & WERMUTH

Firm/Company

8750 NW 36 STREET, SUITE 425

Address

DORAL, FLORIDA 33178

City/State and Zip Code

ROSARIO@RGMWLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSARIO PRADO

Name of Person

at (**305**) **715-7157**

Area Code & Daytime Telephone Number

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 Fee,
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 Building
2661 Executive Center Circle
Tallahassee, FL 32301

H12000229528 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MELLO PRIVATE FUND, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/01/2012 and assigned
Florida document number L12000074020

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1100 BISCAYNE BOULEVARD

SUITE 4103

MIAMI, FLORIDA 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1100 BISCAYNE BOULEVARD

SUITE 4103

MIAMI, FLORIDA 33132

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 18, 2012.


Signature of a member or authorized representative of a member

ROSARIO PRADO

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00