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COVER LETTER

TO: Registration Section Division of Corporations

2051 MELON LLC SUBJECT: _____

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:

Bernard MELON

Name of Person

2051 MELON LLC

Firm/Company

1680 MICHIGAN AVE SUITE 700

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

bmelon@wanadoo.fr

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

305

Area Code

at (

205/2066

For further information concerning this matter, please call:

Karine ROBALDO

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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Davtime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2051 MELON 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 of	on <u>06/15/2012</u> and	d assigned
Florida document number L12000081982		

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"

Enter new principal offices address, if applicable:	•
(Principal office address MUST BE A STREET ADDRESS)	⇒ 202
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

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

Name of New Registered Agent:	MIAMI ANGELS MANAGEME	NT.LLC
New Registered Office Address:	1680 MICHIGAN AVE-STE 700	,
	Enter Flor	ida street address
	MIAMI BEACH	, Florida ⁻³³¹³⁹
	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 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 Re 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>	Name	Address	<u>Type of Action</u>
MGR	KARINE ROBALDO	1680 MICHIGAN AVE STE 700, MIAMI BEACH, FL 33139	
			🗆 Remove
			🗆 Change
			🗇 Add
			🖸 Remove
			□Change
			🗆 Add
			□Rепюче
			□ Change
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			🗆 Change
			🗆 Add
		🗆 Remove	
			🗆 Change
			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) ----- -(optional) E. Effective date, if other than the date of filing: ____ eff an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3.4b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. H0/23/2024 Dated Signature of a member or notherized representative of a member BERNARD MELON - - --Typed or printed name of signee

Filing Fee: \$25.00