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 : 120110000089 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:

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

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APR 1 9 2013

EXAMINER

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No. 4537 P. 2

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COVER LETTER

TO:

Registration Section Division of Corporations

MELLON EIGHT, 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:

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

at (561) 656-0207

Area Code & Daytime Telephone Number

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)

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 APR 18 AN 7: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MELLON EIGHT, LLC

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

(A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000027385</u>	were filed on February 21, 20	213 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		oter the pame of the new
New Registered Office Address:		
	Enter Florida street address	
•	City Florid	da
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, a provided for in Chapter 608, F.S	and I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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If smending	the Managers or Managing Members	on our records, enter the title, pame and address	of each Manager	
or Managing Member being added or removed from MGR = Manager MGRM = Managing Member		SECRETARY OF A		
Title	<u>Name</u>	FILL PLORIDA	vpe of Action	
MGRM	SPYRIDON TRANOS KARALLIS	2 ELTON PLACE	Add	
		BOYNTON BEACH, FL 33426	Remove	
MGR	RANDELL C. DOANE	2000 PGA BLVD., SUITE 4410	. Add	
		NORTH PALM BEACH, FL 33408	_ [▼_] Add	
<u></u>			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	

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D. If amending any other inform	mation, enter change(s) here: (Attach a	additional sheets, if necessary.FILED
		13 APR 18 AN 7: 10
		SECRETABY OF STATE TALLAHASSEE, FLORIDA
Dated April 16	, 2013	
Spyridon Tra	Signature of a member or authorized represences	intative of a member
	Typed or printed name of sign	אורפב ביים

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Filing Fee: \$25.00