L130000 59105

(Re	questor's Name)	
(1.10	quodiororitamo	
(Ad	dress)	
(Ad	dress)	
·	•	
(0)	(0) 1 77: (0)	. 40
(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
,54	oniooo Emily Hai	,,,,
(Do	cument Number)	
Certified Copies	Certificates	s of Status
' -	_	
Special Instructions to	Filing Officer:	•
		i

Office Use Only



700286989947

06/27/16--01030--002 **25.00

16 JUN 27 PM 3: 05

JUN 2 8 2016 Y BULKER

COVER LETTER

TO:			•	
SUBJE	ст:/	Mellington Name of Limit	ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please 1	BJECT: Mellington AC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Dele Alexander Name of Person Firm/Company 2605 5. State Rd 7, sun; + AHID Address Wellington, FC 33414 City/State and Zip Code dale eburritoem Directon E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Dale Alexander Name of Person at (813) 7607-7701 Area Code Daytime Telephone Number closed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (calditional copy is enclosed)			
		Dale	Alexander Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		2605 5. Stat	te Rd 7 sun; + AL	110
		Wellington, dale e bu E-mail address: (1	FL 33414 City/State and Zip Code CC: +Dem p: (e. com o be used for future annual report notific	eation)
For furt	her information con			
	Dale Al	exander Person	at (813) 767-7 Area Code Daytime	7701 Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$2 <i>5</i>	.00 Filing Fee		Certified Copy	Certificate of Status &

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as its	now appears on our r	ecords.)		
The Articles of Organization for this Limited Liab	pility Company were		0/11	and as	ssigned
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of the	he limited liability co	ompany here:			
The new name must be distinguishable and contain the wor	de "Limited Liability Con	many " the decignation	"I.I.C" or the a	hhraviation "	
•	·	ipany, the designation	ELC of the a	oreviation i	15.15.0.
Enter new principal offices address, if applicab		***************************************			
Principal office address MUST BE A STREET	<u>ADDRESS)</u>			<u> </u>	
		 	.		
				25 12 7	ele and p. 10 f. eg
Enter new mailing address, if applicable:	 				(mag)
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				
				() () () () () () () () () () () () () (ै । । जर्र
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our rec	cords, <u>enter</u>	2 14	of the no
Name of New Registered Agent:	Dale f	lexander 5. State Re	<u> </u>		
New Registered Office Address:	2605	5. State Re Enter Florida street a	ddress	110	
	wellingt	Enter Florida street a () ty	_, Florida	33414	<u>'</u>
New Registered Agent's Signature if changing Rec		y		zip coae	:

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 Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniel Finlayson	2605 5. State Rd 7 #4/10 Wellington, FL 33414	Add
			Remove
			Change
President	Pale Alexandor	2605 3. State Rd 7 #470 wellington, FL 33414	N Add
			□ Remove
			Change
<u> </u>			Add Remove
			⊊ © Remove
		E. FLORES	Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			🗆 Change

p 3	• •			
_				
				
				
_				
_				
			क	
		7-5;	<u></u>	
		252	2	an amara garanteer
				norm F. Onej.
			PH	
		LOSS PLAN	က္	No specific 2
		7.24	- Ф 1	
If an effect Note: I	te date, if other than the date of filing:	ing.) Pu	rsuant t I not be	o 605.0207 (3) e listed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on	the e	arlier of:
Dated _	June 24, 2016.			
	Signature of a member or authorized representative of a member			_
	Dale Alexander			
	Typed or printed name of signee			_

Page 3 of 3

Filing Fee: \$25.00