

L17000064896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

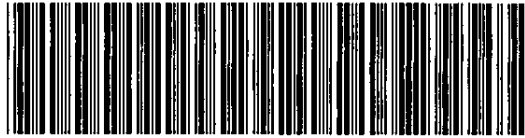
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Melbourne Australia Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent B. Soulsby

Name of Person

Firm/Company

13990 CE 455, Suite 107

Address

Clermont, FL 34711

City/State and Zip Code

vinnies30@hotmail.com

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

For further information concerning this matter, please call:

Vincent Soulsby

352

536-0148

at ()

Name of Person

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

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

Melbourne Australia Holdings, 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 01/05/2015 and assigned
Florida document number L13000064890

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: 13990 CE 455, Suite 107
Clermont, FL 34711
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: 13990 CE 455, Suite 107
Clermont, FL 34711
(Mailing address **MAY BE A POST OFFICE BOX**)

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: Vincent B. Soulsby
New Registered Office Address: 13990 CE 455, Suite 107
Enter Florida street address
Clermont, Florida 34711
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-------------------------------|--|
| AMBR | Timothy F. Majors | 2106 N. Orange Ave, Suite 200 | <input type="checkbox"/> Add |
| | | Orlando, FL 32804 | <input checked="" type="checkbox"/> Remove |
| Manager | Vincent Sautsky | 13900 Cr 455 Ste 107 | <input type="checkbox"/> Add |
| | | Clermont, FL 34711 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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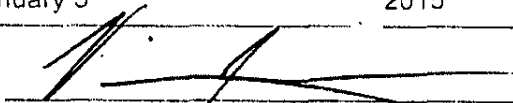
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 5, 2015



Signature of a member or authorized representative of a member

Vincent B. Soulsby

Typed or printed name of signer

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TALLAHASSEE, FLORIDA