L/3000/46865

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MELANIE SCHRADER GROUP 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:

MICHAEL GEMMELL

Name of Person

2010 SOLUTIOS INC

Firm/Company

2077 SEAWIND COURT

Address

INDIALANTIC FL 32903

City/State and Zip Code

mikege2010@msn.com

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

For further information concerning this matter, please call:

MICHAEL S GEMMELL

_{at} 321, 773-9516

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

(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	any as it now appears on our ro Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L13000146865	iability Company	were filed on OCTOBE	R 18, 2013 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
MELANIE SCHRADER REAL ESTAT			
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	SAME	
(Principal office address MUST BE A STREI	ET ADDRESS)		25 2
			H TI
Enter new mailing address, if applicable:		SAME	12 P
(Mailing address MAY BE A POST OFFICE BOX)			
			RR 28
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
•		Enter Florida street	address
			_, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MELANIE SCHRADER GROUP LLC

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

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Add
			☐ Remove
			7 2011
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			Add Add P 22
			28
			Add
			□ Remove
			□ Remove
			
			□ Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- ' <u>A</u>	MENDMENT TO ACTICLE 1 - NAME OF LLC
,1	MELANIE SCHRADER GROUP LLC
B	BEING CHANGED TO
N	MELANIE SCHRADER REAL ESTATE LLC
	YI-FEDERAL ID NUMBER FOR THIS ENTITY IS 46-3924518
<u> </u>	THE EDENAL ID NOMBERT OR THIS ENTITE TO 40-00240 to
E. Effective (The effective)	re date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
E. Effective (The effective the date)	ve date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
E. Effective (The effective the date	ve date, if other than the date of filing:
E. Effective (The effective the date	re date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) FEBRUARY 14 Signature of a member or authorized representative of a member
E. Effective (The effective the date	re date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) FEBRUARY 14 2014

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SECULIARY OF STATE
AND ASSET FLORIDS

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Filing Fee: \$25.00