# 113000446865

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100258818961

04/29/14--01005--017 \*\*30.00



J. Shitvers MAY 0 5 2014

# 2010 SOLUTIONS INC 2077 SEAWIND COURT INDIALANTIC, FLORIDA 32903 (321) 773-9516

April 23, 2014

Florida Department of State Division of Corporations Registration section PO Box 6327 Tallahassee FL 32314

RE: Melanie Schrader Real Estate LLC Doc# L13000146865

Dear Sir or madam,

Due to some problems tax payers' entity with the Department of Professional Regulation, enclosed please find a second "name change" relating to the Limited Liability Company.

The Florida Department of Professional Regulation insists that the name cannot have the words "Real Estate" in the LLCs name to register her Real Estate entity with their Department. Regardless of the fact I have other Real Estate clients with the words "Real Estate" in their name and they are registered with the department of professional regulation.

Therefore we are changing the name for a second time in three months.

Thank you for your assistance in this very important matter

Sincerely,

Michael S Gemmell 2010 Solutions Inc

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

MELANIE SCHRADER REAL ESTATE 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 SOLUTIONS 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

\_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

MELANIE SCHRADER REA					
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our Liability Company)	records.)		
Γhe Articles of Organization for this Limited Lial	oility Company	were filed on OCTOB	ER 18, 2013	and a	ssigned
Florida document number L13000146865	·				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			,
MELANIE SCHRADER LLC					
The new name must be distinguishable and end with the wo	ords "Limited Liab	pility Company," the designati	on "LLC" or the abbre	viation	"L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SAME		· · · · -	
		<u> </u>			
			70	4 4	an estate
Enter new mailing address, if applicable:		SAME	HASSE	PR 2.9	H d G Facebook The State Steen The State Steen The State Steen
(Mailing address MAY BE A POST OFFICE B	<i>OX</i> )		= 15 = 15	TO X	7 9 6
	<del></del>		OR OR	••	Contract.
			DA A	7	
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, <u>enter the</u>	name	e of the nev
Name of New Registered Agent:	N/A	<del></del>			<del></del>
New Registered Office Address:	N/A				
		Enter Florida stree	t address		

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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:

Title	Nome	A J.J	Tours of A 44 or
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
•			
			Remove
			□ Add
			Remove
			→ <del></del>
			ASSISTED Add
			Remove,
			DE 7
			□ Add
			□ Remove
<del></del>			□ Add
			Remove

•	tion, enter change(s) here. (Much daditional sheets, if necessary.)
AMENDMENT	O ARTICLE 1 - NAME OF LLC
MELANIE SCH	RADER REAL ESTATE LLC
<b>BEING CHANG</b>	ED TO
MELANIE SCH	RADER LLC
	ot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cann	ot 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 Fl	not be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)

Page 3 of 3

Filing Fee: \$25.00

14 APR 29 PH 1: 17
SEURL FARY OF STAIR
TALLAHASSEE, FLORIDA