

L14000023344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

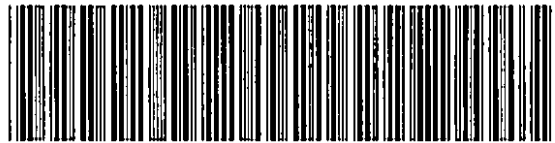
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG 24 AM 10:54

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AUG 25 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE MELLOW PATCH 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:

CAROL BLOCK  
Name of Person

THE MELLOW PATCH LLC  
Firm/Company

3601 N. HWY A1A  
Address

HUTCHINSON ISLAND FLORIDA 34949  
City/State and Zip Code

mellowpatchinnfla@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL BLOCK at ( 772 ) 462-6699  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: CHECK FOR \$52.50 SENT WITH ORIGINAL FILING.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

THE MELLOW PATCH 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 2/11/2014 and assigned Florida document number L14000023344.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE FL

**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:

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:**

*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.*

N/A

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>ALAN BLOCK</u>	<u>2061 NW 47 TERRACE #209</u>	<input type="checkbox"/> Add
		<u>LAUDERHILL, FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>CHRISTOPHER M. BLOCK</u>	<u>3601 N. HWY A1A</u>	<input checked="" type="checkbox"/> Add
		<u>HUTCHINSON ISLAND</u>	<input type="checkbox"/> Remove
		<u>FLORIDA 34949</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>CAROL BLOCK</u>	<u>1193 SE PORT ST LUCIE BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>#167, PORT ST. LUCIE,</u>	<input type="checkbox"/> Remove
		<u>FL 34952</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE  
TALLAHASSEE, FL

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SEC. OF STATE  
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ST. LOUIS OFF STATE  
INVEST. DIV.  
ST. LOUIS, MO

FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

C.A. Block

Signature of a member or authorized representative of a member

CAROL BLOCK

Typed or printed name of signee

**Filing Fee: \$25.00**