

L14 000052755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

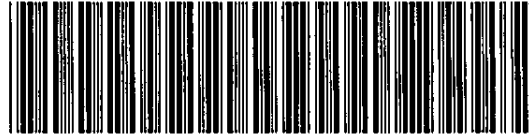
(Business Entity Name)

(Document Number)

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15 MAY -5 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OBIE GLEEN MELVIN 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:

OBIE GLENN MELVIN

Name of Person

OBIE GLEEN MELVIN LLC

Firm/Company

4607 EPHREM LANE

Address

PACE FL 32571taxexpress3@gmail.commilton

City/State and Zip Code

MILTON FL 32570

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

For further information concerning this matter, please call:

LUENETTE ROWELL

850 626-5909

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

OBIE GLENN MELVIN 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 04/01/2014 and assigned
Florida document number L14000052799.

This amendment is submitted to amend the following:

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

OBY GLENN MELVIN LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

OBY GLENN MELVIN

4607 EPHREM LANE

PACE FL 32571

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4607 EPHREM LANE

PACE FL 32571

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:

OBY GLENN MELVIN

New Registered Office Address:

4607 EPHREM LANE

Enter Florida street address

PACE

City

, Florida

32571 ACCOUNTANT

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.

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>
MGR	LUENETTE ROWELL	6412 HWY 90 MILTON FL 32570	<input checked="" type="checkbox"/> Add
		OBIE GLEEN MELVIN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 5 10:40 AM '00

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

April 29, 2015

Quenette Russell
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LUENETTE ROWELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00