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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Melvi~ LVL 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:	
Mis CONA ESY	
Name of Person Treiser Collins PL Firm/Company	
3080 TAMIAMI TIAILE.	
City/State and Zip Code CC DNA PSWHA/AW. LUM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chris CarA at (239) 298-8385 Name of Person Area Code Daytime Telephone Number	
Sulfation Section Sulfation Sulfatio	
Entrosed is a check for the following amount: \$\text{\$\sum_{\sym_{\sum_{\sum_{\sym_{\sym_{\sum_{\sym_{\sym_{\sum_{\sym_{\sym_{\sum_{\sum_{\sum_{\sum_\sum_\}\cun_\sum_\lan\sum_{\sum_\sum_\sum_\sum_\sun_\sun_\sun_\sum_\sum_\sum_\sun_\s	
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Melvin a	46	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000064559</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
	71. C	akhani a wi i C "
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	m. The little of
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and I an provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>gmbr</u>	Michael M. Shapiro	4390 27' Ave Su NAples, Pla 34116) SAdd
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		***	Add
			Remove
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		1) / 1 50 - 1 7 - 20 - 1	□ Add
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fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State) ated TVNE 27 , 2014
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Signature of member or authorized representative of a member
Signature of member or authorized representative of a member (A) S DNA ESG FIN - 0/4/1 Typed or printed name of signee
Cy /

Page 3 of 3

Filing Fee: \$25.00

TALLARIA SEL PLONDA