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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Certificates of Status                  |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Division of Co                  | rporations                                      |   |  |
|---------------------------------|---|---|--|
| SUBJECT:                        | Mels K<br>Name of Lim                           | Lal ESTATE LLO<br>ited Liability Company                            | C (PRESENT NAME)   |
| The enclosed Articles of        | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspondent | ondence concerning this matter                  | to the following:   |  |
|                                 |   | Pay Boek Name of Person   |  |
|                                 |   | Jelo Real Cota<br>Firm/Company                                      | <u>t</u>   |
|                                 |   | 605 W FCAGLE  | e St   |
|                                 |   | Miami Flo<br>City/State and Zip Code                                | eioa   |
|                                 | E-mail address: (                               | to be used for future annual report notifi                          | cation)  |
| For further information         | concerning this matter, please c                | all:  |  |
| Ray<br>Name                     | BORR<br>of Person                               | at ( <u>786</u> ) <u>385</u> -<br>Area Code Daytime                 | -8674<br>Telephone Number  |
| Enclosed is a check for t       | he following amount:                            |   |  |
| \$25.00 Filing Fee              | ☐ \$30.00 Filing Fee &<br>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** 

TO:

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

| Mela Real Es   | Fate, LLC   |                   |
|--|---|-------------------|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia   | as it now appears on our records.)<br>bility Company) |                   |
| The Articles of Organization for this Limited Liability Company w  |   | _ and assigned    |
| This amendment is submitted to amend the following:  |   |                   |
| A. If amending name, enter the new name of the limited liability  Ce day Realty Ro   |   | viation "L.L.C."  |
| Enter new principal offices address, if applicable:  | SAME  |                   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |   | 16 ODT   7        |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: |   | e name of the new |
| Name of New Registered Agent:  | 3MB2  | <del></del>       |
| New Registered Office Address:   | Enter Florida street address                          |                   |
|  | , Florida   | 7in Code          |
|  | ( ID)   | an Lode           |

### 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> | Address   | Type of Action        |
|--------------|-------------|---|-----------------------|
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|              |             | Manager and the second | Remove                |
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| 7- 411          | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)         |          |
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| lf an a<br>Note | ctive date, if other than the date of filing:    O   |          |
|                 | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie       | er of    |
| Th              | ne 90th day after the record is filed.   |          |
| Date            | 6 6/1/2016 B   | <u>.</u> |
|                 |  |          |
|                 |  | 21<br>ER |
|                 | Signature of a mamber of authorized-representative of a member 2 to 2 to 2 to 2 to 3 to 3 to 3 to 3 to |          |

Page 3 of 3

Filing Fee: \$25.00