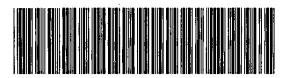
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(Requestor's Name)			
<u> </u>			
(City/State/Zip/Phone #)			
IL			
(Business Entity Name)			
(Document Number)			
Special Instructions to Filing Officer:			
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SEGRETARY DE SIAIE
TALLAHASSEE EL SIAIE

J. HARRIS

COVER LETTER

		tion Secti of Corpo				
CHD IF		MELBELVIC ENTERPRISES LLC				
SUBJECT: Name of Limited Liability Company						
			nendment and fee(s) are sub-	_		
			ANA L FERREIRA			
				Name of Person	11	
,			ANAS ACCOUNTING SI	ERVICES CORPORATION	1	
				Firm/Company		-
			2055 WOOD ST SUITE 1	14		
				Address		_
			SARASOTA, FL 34237			
	City/State and Zip Code RAMOSHANA@COMCAST.NET					
			E-mail address: (to be used for future annual rep	port notification)	
For furth	er inform	ation con	cerning this matter, please ca	all:		
ANA L FERREIRA 941			at (
Name of Person			erson	at () Area Code	Daytime Telephone Number	<u></u>
Enclosed	l is a chec	k for the	following amount:			
\$25.0	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	ate of Status &

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

MELBELVIC ENTERPRISES LLC (Name of the Limited	Liability Compa	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab		• • •	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat		6027 44TH CT E.	
(Principal office address MUST BE A STREET ADDRESS)		BRADENTON, FL 34203	A 28
Enter new mailing address, if applicable:		6027 44TH CT E.	SE P entreus
(Mailing address MAY BE A POST OFFICE B	OX)	BRADENTON, FL 34203	
	_		2: 54 10800A
B. If amending the registered agent and/or registered agent and/or the new registered office	•	· -	
Name of New Registered Agent:	ANA L FERR	EIRA	<u>. </u>
New Registered Office Address:	2055 WOOD S	ST, SUITE 114	
		Enter Florida street 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

SARASOTA

If Changing Registered Agent, Signature of New Registered Agent

Florida 34237

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
MGR	FLAVIA PORTAL	6027 44Th Ct E	
		Bradenton, FL 34203	■ Remove
			Change
MGRM	HUGO IVAN PORTAL	6027 44Th Ct E	■ Add
٠		Bradenton, FL 34203	□ Remove
		<u> </u>	□ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			SSN D Add
			Add
			Remove
•			□ Change

D. If amo	nding any other information, enter	change(s) here: (Attach addition	al sheets, if necessary.)	
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(If an efi Note:	ive date, if other than the date of filinective date is listed, the date must be specific as If the date inserted in this block does not ent's effective date on the Department of	nd cannot be prior to date of filing or more meet the applicable statutory filing r	(optional) than 90 days after filing.) Pequirements, this date wi	ursuant to 605.0207 (3)(b) il not be listed as the
	cord specifies a delayed effective 90th day after the record is filed		ne, at 12:01 a.m. on	the earlier of:
Dated	08/24/2015		**** ********************************	
	X A Signature of a	a member or authorized representative of	a member	2015 SEP
	ILAUIA	PORTAL	VSSEE.	E Proper
	1	Typed or printed name of signee	FLORIDA	
		Page 3 of 3	D,	54

Filing Fee: \$25.00