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	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,

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COVER LETTER

TO: Registration Section Division of Corporations

MELAOS DC SPORTS & GRILL LLC

SUBJECT:

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:

MOHAMMAD ELAYYAN

Name of Person

MELAOS DC SPORTS & GRILL LLC

Firm Company

160 N MILITARY TRAIL

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

EDDIENASIF@YAHOO.COM

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

For further information concerning this matter, please call:

MOHAMMAD ELAYYAN

Name of Person

at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

S55.00 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 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

MELAOS DC SPORTS & GRHLL LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/06/2015 and assigned Florida document number 115000023458

This amendment is submitted to amend the following:

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

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:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2020 4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		· · · · · · · · · · · · · · · · · · ·

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida si	treet 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DARRYL K. WALKER	3635 WHITEHALL DRIVE - UNIT #202	Add
		WEST PALM BEACH, FL 33401	□Remove
			□Change
			🖸 Add
			CRemove
			Change
			🖸 Add
			🗆 Remove
			□Change
			🗆 Add
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			□Change
			🗆 Add
			□Remove
			🖾 Change

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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	EXCHANGE/REALLOCATE ALL SHARES AS FOLLOWS:

JUAN VERAS - 33. 33%	
MOHAMMAD ELAYYAN - 33.34%	
DARRYL K. WALKER - 33.33%	
DIANA DUARTE - 0 %	
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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.

APRIL 29 Dated	2020	
	Mon Elavian	
	Signature of a member of authorized representative of a member	
монаммар	ELAYYAN	

Typed or printed name of signee

Filing Fee: \$25.00