

L1500000 793 74

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

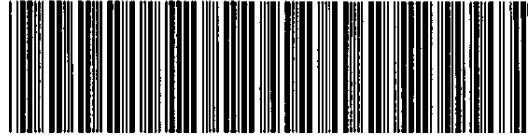
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAY 26 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELANT VENTURES 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:

ANTHONY KLING
Name of Person

E MONEYMARKETING INC
Firm/Company

20 NW 3RD STREET, SUITE 20
Address

DELRAY BEACH, FL 33444
City/State and Zip Code

ant0714@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY KLING at (651) 308-6259
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & 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
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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|----------------------------|--|
| AMBR | ANTHONY KLING | 2501 OCEANVIEW AVENUE | <input type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LIBERATION HOUSE LLC | 2501 OCEANVIEW AVENUE | <input checked="" type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | E MONEY MARKETING INC | 20 NW 3RD STREET, SUITE 20 | <input checked="" type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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Lined area for text entry.

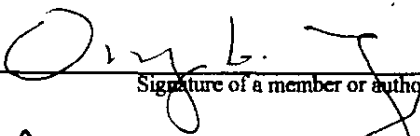
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated MAY 21, 2015.


Signature of a member or authorized representative of a member
ANTHONY KLING
Typed or printed name of signee