L15000143937

(Red	questor's Name)	
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COVER LETTER

Division of C	orporations		
SUBJECT:	CAVEL GROUI	PLLC .	
30101.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LLISMEL O CABRERO		
		Name of Person	
		Firm/Company	
	7225 N OAKMONT DR		
		Address	
	MIAMI, FL 33015		
		City/State and Zip Code	
	INFO@MELSGROUPLLC		
		to be used for future annual report n	otification)
For further information	1 concerning this matter, please c	all:	
LLISMEL CABRERO)	786 290-2110	
Name	e of Person		ime Telephone Number
Enclosed is a check for	r 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)
<u>Mailing Addi</u>	ress:	Street Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

MEL'S GROUP HOLDING LLC	2021 JAH 22 BM 7.
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL15000143937	were filed on 01/31/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7225 N OAKMONT DR
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33015
Enter new mailing address, if applicable:	7225 N OAKMONT DR
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33015
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zin 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 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:

	Manager Authorized Member		The state of the s	
<u>Title</u>	<u>Name</u>	Address	2021 JAN 22 AM 7: 37	Type of Action
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ffect an eff	ive date, if other than the date of filing: (optional) ective 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 (
<u>lote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocum	ent's effective date on the Department of State's records.
recor	d 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
is fi	cd.
	01/18/2021
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	(Atmi)
	Signature of a member or authorized representative of a member
	LLISMEL O CABRERO

Filing Fee: \$25.00