

L16000000598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

It was confirmed that Woodrow Ahn only be removed as a "Member," and remain a "Manager." mmilligan 04/28/17

Office Use Only



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SECRETARY OF STATE
17 APR 19 PM 3:44
CLERK OF SUPERIOR COURT

APR 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELODIA RESIDENCES, 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:

ALISON AHN

Name of Person

BEL CANTO, LLC

Firm/Company

425 TIMBERWALK GT. #1126

Address

PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

laura.ahn@aya.yale.edu

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

For further information concerning this matter, please call:

Laura McIntosh

Name of Person

at (301)

Area Code

412-4702

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MELODIA RESIDENCES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/30/2015 and assigned Florida document number L16000000598.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

425 TIMBERWALK CT. #1126
PONTE VEDRA BEACH, FL
32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

425 TIMBERWALK CT. #1126
PONTE VEDRA BEACH, FL
32082

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

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JAN 9 PM 3:45
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALISON AHN	425 TIMBERWALK CT #1126	<input checked="" type="checkbox"/> Add
		PONTE VEDRA BEACH, FL	<input type="checkbox"/> Remove
		32082	<input type="checkbox"/> Change
AMBR	BEL CANTO, LLC	425 TIMBERWALK CT #1126	<input checked="" type="checkbox"/> Add
		PONTE VEDRA BEACH, FL	<input type="checkbox"/> Remove
		32082	<input type="checkbox"/> Change
AMBR	WOODROW AHN	181 MAIN ST.	<input type="checkbox"/> Add
		OSTERVILLE, MA	<input checked="" type="checkbox"/> Remove
		02655	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATIONS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

(b) The 90th day after the record is filed.

Dated April 18, 2017

Alison D. Allen
Signature of a member or authorized representative of a member

Alison D. Ahn
Typed or printed name of signee

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STATE INFORMATION
17 APR 19 PM 3:44