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TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:56

JUN 06 2016
S. YOUNG

May 27, 2016

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

Re: Melof Properties, LLC - Amendment

Dear Sir/Madam:

Please find enclosed the following:

1. Articles of Amendment to Articles of Organization of Melof Properties, LLC; and
2. A check for the filing fee in the amount of \$25.00.

Please process accordingly and send a letter of acknowledgement after the Amendment has been filed. Thank you in advance for your assistance in this regard.

Sincerely,


Tina Escalante

Enclosures (as stated)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:56

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Melof Properties, 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:

Sean Kelley

Name of Person

Kelley & Kelley, P.L.

Firm/Company

43 Cincinnati Avenue

Address

St. Augustine, FL 32084

City/State and Zip Code

sean@kelleyandkelley.com

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:56

For further information concerning this matter, please call:

Sean Kelley

904

819-9706

at (_____) _____

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

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

Melof Properties, 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 May 4, 2016 and assigned
Florida document number L16000088003.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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>
AMBR	Michael G. Adkison, Trustee	200 N. Forest Dune Dr.	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gregory Adkison	200 N. Forest Dune Dr.	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
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TALLAHASSEE, FLORIDA
16 MAY 31 PM 3:56

10/11/21

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAR 31 PM 5:56

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.

Dated 5-27-16

LA TEE

Michael G. Adkison

Typed or printed name of signee