

AUG 01/2016/MON 02:00 PM

Fleet & Smith

FAX No. 850 651-5006

P. 001

LL6000132540

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : H. BART FLEET
Account Number : I20020000170
Phone : (850)651-4006
Fax Number : (850)651-5006

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: melnickmjb@cox.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MELNICK RENTALS, LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MELNICK RENTALS, 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:

P. MICHELLE MCGEE, ESQ.

Name of Person

FLEET & SMITH

Firm/Company

1283 ELGIN PARKWAY, SUITE A

Address

SHALIMA, FL 32579

City/State and Zip Code

MELNICKMJB@COX.NET

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

For further information concerning this matter, please call:

P. MICHELLE MCGEE

850 651-4006
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**

MELNICK RENTALS, 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 JULY 18, 2016 and assigned
Florida document number L16000132540.

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)

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>
MGR	Norbert W. Melnick and Mary Jo Melnick as Co-Trustees of the Melnick Revocable Trust dated the 17 th day of August, 1999, restated the 26 th day of July 2016	708 SUNNINGDALE COVE	<input type="checkbox"/> Add
		NICEVILLE, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Stamp: AUG 1 2016 NICEVILLE, FLORIDA

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

ALLAH, SEE: FORN

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 Aug 1, 2016

Robert W. Melnick

Signature of a member or authorized representative of a member

NORBERT W. MELNICK, MANAGER

Typed or printed name of signee