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(Requestor	s Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business B	Entity Name)	
(Document Number)		
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TO AUS 22 AM ID: 42

N. PARKIE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: R. 4 R. Melding L.L.C. Name of Limited Mability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ruby Bell Name of Person				
R. & R. Melding L.L.C.				
109 16th Ave. S.				
Lake Worth Fl. 33460 City/State and Zip Code				
E-mail address: (to be used for Guyare annual report notification)				
For further information concerning this matter, please call:				
Ruby Bell at (561) 308-6415 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 & Certificate of Status & 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. 11 (
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

(Name of the Limited Liability Compa) (A Florida Limited L	Iding L.L.C. ny as it nov appears on our record ciability Company)	<u> s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 8141	2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liab!!	ity 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)		<u> </u>
		77 B
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		意識や
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
		lorida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ruby Bell	109 16th Avenue South	_ jX -Add
	•	109 16th Avenue South Lakeworth, Fl. 33460	□ Remove
			Change
			□ Add
			Remove
	-		Change
			□ Add
			C Remove
			_□ Change
			_□ Add
			Remove
			_□ Change
		A.S.	_□ Add
			☐ Remove
		Zica Zica	☐:Change
		LORID.	Change
			_□ Remove
			□ Change

ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessor	ary.)
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Note: 1 docume	e date, if other than the date of filing:	ite will not be listed as th
Dated _	Aug. 19 , 2016.	; 6 7AL1
	Signature of a member or authorized representative of a member	14.16.22
	Typed or printed name of signee	- 12
	Page 3 of 3	ATE RIDZ

Filing Fee: \$25.00