L14000162685

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:		gistration Se ision of Cor			
CHDI	IECT.		se Management, LLC		
อบอง	IECT:			ited Liability Company	
			Amendment and fee(s) are sub-		
Pleas	e return	all correspo	ndence concerning this matter	to the following:	
			Joao H. Gomes, CPA		
				Name of Person	
			AccountingAlly, LLC		
Finn/Company					
312 SE 17th Street, Suite 301					
				Address	
			Fort Lauderdale, FL 33316		
				City/State and Zip Code	
			jgomes@jhgcompany.com E-mail address: (1)	to be used for future annual report notifi	cation)
For fi	irther ii	nformation c	oncerning this matter, please ca	ill:	
Joao	II. Gon	nes, CPA		at () 510-1898 Area Code Daytime	
		Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a	a check for th	ne following amount:		
■ \$	25.00 F	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

TO:

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

Meller House Management, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on August 30, 2016	and assigned		
Florida document number L16000162685				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Meller Household Management, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	obreviation "L.L.C."		
Enter new principal offices address, if applicable:	3311 NE 57th Court			
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33308	क र		
		80 150		
		P 35		
Enter new mailing address, if applicable:	3311 NE 57th Court	يه ما المحمد		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33308	<u> </u>		
		・・・		
		J X		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the nev		
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>	Address	Type of Action
MGR	Maria Meller	3311 NE 57th Court	Add
		Fort Lauderdale, FL 33308	□ Remove
			Change
			☐ Add
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amending any other i	mormation, enter ci	nange(s) nere: (A	nach adamonai s	neels, if necessary.	,
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fective date, if other to the effective date is listed, the ote: If the date inserted cument's effective date in the effective date in the effective date. The 90th day after	on the Department of S	neet the applicable s state's records.	tatutory filing requ	irements, this date w	vill not be listed as
October 17		2016			
M	Paria Del	ller			ਲ
	Signature of a r	nember or authorized	representative of a m	ember	OCT
	MARIA N	NELLER			24
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		Page 3 of	r a		<u> </u>

Filing Fee: \$25.00