## L170000 18321

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
	MITED LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	MARTIN BRACH			
		Name of Person		
	MARSA LIMITED LLC			
		Firm/Company		
	164 EASY STREET			
		Address		
	MELBOURNE, FL 32934			
		City/State and Zip Code		
	C121NEC@ICLOUD.COM		. <u>.</u>	
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
MARTIN BRACH		321 960-0498 at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for th	ne 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		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	27	The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor	npany as it now appears on our re	ecords.)
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	ed Liability Company)	<del></del> -
The Articles of Organization for this Limited Liability Compa	any were filed on 01/23/2017	and assigned
Florida document number L17000018321		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
MELBOURNE BEACH ESTATES LLC		
The new name must be distinguishable and contain the words "Limited Li	iability 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>	
Enter new mailing address, if applicable:		<u>۔ ۔ ۔ ۔ ۔ ۔ </u>
Mailing address MAY BE A POST OFFICE BOX)		Mauri
rianting address, in the best		•
		0
B. If amending the registered agent and/or registered offi	ce address on our records, e	nter the name of the new register
agent and/or the new registered office address here:	· <u>-</u>	<del>ල්</del>
		55 55
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street a	address
		, Florida
<del></del>	City	, Florida

## 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.

H 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	
Wildinger	
AMBR = Authorized Member	

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			Remove
			Change
			□Remove
			□Change
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			(Change)

Tective date, if other than the date of filing:					<del></del>
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Signature of a member of authorized representative of a member	Hourly	P.		£ a mambar	
	- 0	Signature of a member or aut	norized representative o	и а шенібег	
		Typed or prin	ited name of signee		