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COVER LETTER

Division of Corp	orations		
SUBJECT:	Melo Taft Investments	LLC	
30bjec1	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub-	•	
Please return all correspon	dence concerning this matter	to the following:	
	Jason	D. Katz	
		Name of Person	
	Jason	D. Katz, P.A. Firm/Company	
	3325 S. Univer	sity Drive, Suite 210 Address	Processing Constitution of the Constitution of
	David	e, FL 33328	
		City/State and Zip Code	normalise and a substantial and the substantia
	jason@jkatzla: E-mail address: (W.COM to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co	all:	
Jason D. Ka		at (954) 494-573	
Name of	reison	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)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Melo Taft investments, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recordability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Linking Commence	Clad an March 1 2017	7
The Articles of Organization for this Limited Liability Company	vere filed on March 1, 2017	and assigned
Florida document number <u>L17000048134</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Melo Surveying, LLC The new name must be distinguishable and contain the words "Limited Liabili	Melo Surveying, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ry Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21005 Taft Street	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL	33029
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	***************************************	ř
B. If amending the registered agent and/or registered off	ice address on our record	ls, enter the name of the no
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	166
	Ziner a fortud bil eel dawi e	υν
	City , F	lorida
	Cuy	гір Соае
New Registered Agent's Signature, if changing Registered Agent:		
The transport of the state of t		

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 Ag

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records: MGR = Manager AMBR = Authorized Member -31 <u>Title</u> <u>Name</u> **Address Type of Action** _D Add _□ Remove

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