1170:00048134

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COVER LETTER

	istration Sec sion of Corp				
	MELO SUR	VEYING, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.		
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. University Drive,	Suite 210		
			Address		
• •		Davie, FL 33328			
			City/State and Zip Code		
		jason@jkatzlaw.com		2011 VLL 1182	
		E-mail address: (to be used for future annual report notifi	Cation)	7
For further in	formation co	ncerning this matter, please c	alł:	ASS	
Jason D. Katz	z		954 494-5732 at ()_		
- · · · · ·	Name of		Area Code Daytime	Telephone Number	
. /		following amount:			
\$25.00 Fi	ling 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

MELO SURVEYING, LLC				
(Name of the Limi	ited Linbility Company (A Florida Limited Lia	as it now appears on our ibility Company)	records.)	•
The Articles of Organization for this Limited L Florida document number L17000048134	Liability Company w	vere filed on 3/1/17	and a	assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designation	"LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applied	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter new mailing address, if applicable:				#1 + -#4*
(Mailing address MAY BE A POST OFFICE	BOX)		·	
		 		
B. If amending the registered agent and registered agent and/or the new registered o		ce address on our re	ecords, <u>enter the nam</u>	e of the new
Name of New Registered Agent:	JASON D. KATZ	z, ESQ.	ALL	28
New Registered Office Address:	3325 S. UNIVER	SITY DRIVE SUITE 210	0 \$	7 7
		Enter Florida street	address S2.	<u> </u>
	DAVIE		_, Florida 33328	00 1
New Registered Agent's Signature, if changing l	Dagistared Agents	City	Zip Cot	b M
- · · - · · · - · · · · · · · · · · · · 			30	Ö
I hereby accept the appointment as registere provisions of all statutes relative to the prop	va agent and agree per and complete pe	to act in this capacity erformance of my duti). I further agree to col es, and I am familiar w	nply with the vith and
accept the obligations of my position as regi being filed to merely reflect a change in the	istered agent as pro	ovided for in Chapter	605, F.S. Or, if this do	cument is

If Changing Registeres Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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
AMBR	JOSE A. ROCHE	18459 PINES BLVD., #536	⊞ Add
		PEMBROKE PINES, FL 33029	☐ Remove
			☐ Change
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			Remove
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an effective date	if other than t is listed, the date r : inserted in this ctive date on the	must be specific block does n	and canno ot meet th	e applicab	date of filing le statutory	or more tha	n 90 days a	otional) fler filing.) this date v	Pursuant t will not be	o 605.020 e list e d a
e record spe The 90th da	cifies a delay by after the r	ed effectivectory	ve date, ed.	but not	an effecti	ve time,	at 12:0	1 a.m. o	on the e	arlier o
Augus	t 9th		201	7	. •					
	·	~~J.J.	5/2/	R -						
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