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(Damiestada Nama)
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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2013 JUN 12 PM 4: 29
SECRETARY OF STATE

K. SALY JUN 13 2017

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	MELLER !	LLC	
	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	_	
rease return an corre	spondence concerning this matter	to the following.	
	Gens	Name of Person	IVENRA
		LEUER LIC	
		Firm/Company	
	3311	- NE 57 Cour	<u> </u>
		Address	
	FORT LAUDE	COALE, FL 333 City/State and Zip Code	08
	PNGO CAI	City/State and Zip Code City/State and Zip Code VAHOO to be used for future annual report notificency.	· COM
For further informatio	n concerning this matter, please ca	all:	
John	JASSADI ESQ.	at (2\2) 370 Area Code Daytimo	-1300
Nam	e of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check fo	r the 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:

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

2017 JUN 12 PM 4:2 ARTICLES OF ORGANIZATION **OF** (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L17000107836 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Enter Florida street address New Registered Office Address:

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
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		33308	Change
AMBR	JOHN ASSADI	1345 AVELUE OF THE	Add
		AMERICAS, IITH FLOOR	Remove
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