L17000180540

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COVER LETTER

Division of Cor				
Terry Mell				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Terry Mellen			
	-	Name of Person		
	Terry Mellen Equipment I	.1.C		
Terry Mellen Equipment LLC Firm/Company 50 Mariner Lane Address Rotonda West, FL 33947 City/State and Zip Code lesliemellen53@gmail.com E-mail address: (to be used for future annual report no For further information concerning this matter, please call: Terry Mellen 765 860-0334 at ()				
	50 Mariner Lane			
		Address		二公 二
	Rotonda West, FL 33947			SEL SEL
Address Rotonda West, FL 33947 City/State and Zip Code			37.5 T	
			ication)	
For further information c	concerning this matter, please co	all:		2 21
Terry Mellen				3.5
Name o	f Person		Telephone Number	
Enclosed is a check for t	Terry Mellen Equipment LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing, ase return all correspondence concerning this matter to the following: Terry Mellen Name of Person Terry Mellen Equipment LLC Firm/Company 50 Mariner Lane Address Rotonda West, FL 33947 City/State and Zip Code lestiemellen53@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: rry Mellen Name of Person Terry Mellen Toty/State and Zip Code lestiemellen53@gmail.com E-mail address: (to be used for future annual report notification) Further information concerning this matter, please call: rry Mellen Name of Person Sebo-0334 Area Code Daytime Telephone Number Closed is a check for the following amount: S25 00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certificate of Status			
\$25.00 Filing Fee		Certified Copy	Certificat Certified	e of Status & Copy

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

Terry Mellen Equipment LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L17000180540	oility Company were filed on 8/23/2017	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	he limited liability company here:	
Terry Mellen Equipment of Southwest Florida LLC	[Name of the Limited Liability Company as it now appears on our records.] (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 8/23/2017 and assigned did document number 1/17000180540 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Wellen Equipment of Southwest Florida LLC The words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" The row principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The row mailing address, if applicable: It amending the registered agent and/or registered office address on our records, enter the name of the new dered agent and/or the new registered office address here: Name of New Registered Agent:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	9X)	
registered agent and/or the new registered offic	···	the name of the ne
	City	Zin 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 Type of Action <u>Address</u> Title <u>Name</u> _□ Add _□ Remove _□ Change _□ Add _□ Remove _ Change _□ Add □ Remove _ Change □ Remove ___ □ Remove □ 2. 2. Change __ 🗆 Add _□ Remove

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			P:
fforti	ve date, if other than the date of filing:	=	2
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant (o 6 0 5_020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	will not b	e listed a
locum	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the e	earlier o
ine	90th day after the record is filed.		
	2 70 2017		
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Dated .	- 1		
Dated _.	Signature of a melaber or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee