

L18000043073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2021 JUL -2 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
Amend.

SEP 02 2021

D CONNELL



RECEIVED

FLORIDA DEPARTMENT OF STATE -2 PM 3:02  
Division of Corporations

June 21, 2021

JOHN MELILLI  
2204 SW 48TH TER  
CAPE CORAL, FL 33914

\*BCB\*

SUBJECT: COMPOSITE AUTOMATION, LLC  
Ref. Number: L18000043073

We have received your document for COMPOSITE AUTOMATION, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 621A00013384

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Composite Automation, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Melilli

Name of Person

Composite Automation, LLC

Firm/Company

2204 SW 48th Ter

Address

Cape Coral FL 33914

City/State and Zip Code

john@compositeautomation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Melilli

Name of Person

at ( 239 ) 913-6994

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: **Already Paid**

☒ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Composite Automation, LLC

(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 February 09, 2018 and assigned Florida document number L18000043073.

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)

2204 SW 48th Ter

Cape Coral, FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2204 SW 48th Ter

Cape Coral, FL 33914

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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**

FILED  
2021 JUL -2 PM 3:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

John Melilli grants 2% ownership to Colleen Melilli for \$1.00 on May 31, 2021

Colleen Melilli agrees to purchase 2% of the stock for \$1.00.

Colleen Melilli is a 51% owner of the shares in Composite Automation, LLC

John Melilli is a 49% owner of the shares in Composite Automation, LLC

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

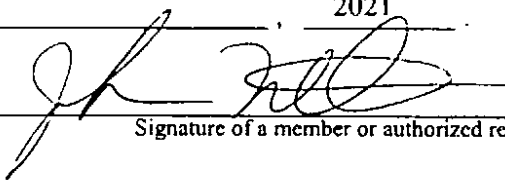
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 29

2021



Signature of a member or authorized representative of a member

John Melilli President and CEO

Typed or printed name of signee