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COVER LETTER

TO: Registration Division of C				
250 MAN SUBJECT:	NHATTAN GROUP, LLC			
Somet.	Name of L	imited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	JON D BLAKESBERG			
	BLAKESBERG & COM	Name of Person PANY CPA'S	,	
	951 SW 4TH AVE	Firm/Company		
	BOCA RATON, FL 3343	Address 2-5803		
	MARIA@BLAKESBERG	City/State and Zip Code CPAS.COM		6.1
For Guther information		(to be used for future annual report notific	cation)	17 21
MARIA N SMILEY	concerning this matter, please o	561 750-8300		o l
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is e	itus &

MAILING ADDRESS:

TO:

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

250 MANHATTAN GROUP 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 2-26-2018	and assigned
Florida document number L18000051392	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
MELROSE 158, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e 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 _I	
	-1
 If amending the registered agent and/or registered office address on our records, enti- egistered agent and/or the new registered office address here: 	er the name of the new
egastes again and or the new registered white address here.	
Name of New Registered Agent:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	1, 1
New Registered Office Address:	·
Enter Florida street address	3
, Florida	Zip Code : . —
City:	• • •
ew Registered Agent's Signature, if changing Registered Agent:	ሁን

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 = 1 AMBR = 1	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
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ote: 1	o me date inserted in th	the date of filing: must be specific and cannot be is block does not meet the a be Department of State's rec	ipplicable statutory fili	ing requirements, this dat	f) g.) Pursuant to 605.02 e will not be listed	207 (33(b) as the
e reco	ord specifies a dela 90th day after the	yed effective date, bu record is filed.	it not an effective	time, at 12:01 a.m	on the earlier	. ∵. • • • • • • • • • • • • • • • • • • •
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Typed or printed name of signee

Filing Fee: \$25.00