

L180000089817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

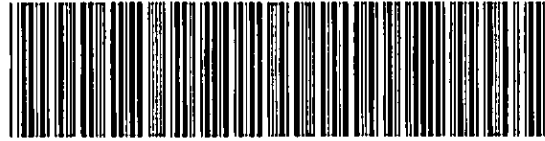
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 13 PM 1:07
TATE
Tulsa County, FL
:D

A. BUTLER

DEC 29 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MELROSE FINTECH VENTURES 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:

MICHAEL TRIMARCO
Name of Person
MELROSE FINTECH VENTURES LLC
Firm Company
120 CRYSTAL BEACH BLVD
Address
MORICHES, NY 11955
City/State and Zip Code
ocato231@protonmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL TRIMARCO at (516) 848-3388
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 DEC 13 PM 1:00

_____ and assigned _____

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

Florida

Civ.

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RACHEL TRIMARCO	120 CRYSTAL BEACH BLVD	<input checked="" type="checkbox"/> Add
		MORICHES, NY 11955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EUGENE BEIGELMAN	324 EAST 94TH APT 1E ST	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

ML

MICHAEL TRIMARCO

Filing Fee: \$25.00