118000202976

(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/l	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	mber)
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DIVISION OF CONTRACT.

N COOPER SEP 2 8 2018

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Mell	a Auto S	Dales LLC	
The enclosed Articles of An	endment and fee(s) are sub	emitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	l	-vis Mella Name of Person	
		Name of Person	
	Mella	Auto Sales LC	C
		Firm/Company	
	5%75°	Sundown Cin A	Pt I i I b
		Address	
	onland	lo FL 32822 City/State and Zip Code	<u> </u>
-	Mella auto	sales @ Gmail, to be used for future annual report noti	Com ficution
For further information conc			
Luis Mel	rson	at (HO+) 733 - Area Code Daytim	ろん29 e Telephone Number
		•	·
Enclosed is a check for the fi	ollowing amount:		
S25.00 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 ARTICLES OF ORGANIZATION OF

Mella Auto Sales	LLC	
Mella Auto Sales (Name of the Limited Liability Compa	ay as it now appears on our records.) adulity Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800020297b</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	1375 W Land stre Suite 611	et BD
(Principal office address MUST BE A STREET ADDRESS)	Suite 611	
	Orlando FL 32824	
Enter new mailing address, if applicable:	1375 W Land stree Suite 611	et ND
(Mailing address MAY BE A POST OFFICE BOX)	Svite 611	
	Onlando FL 32824	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		SEP SIGN
		26
New Registered Office Address:	Enter Florida street address	
		三条
	, Florida	Zip Gri le

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

MGR = N AMBR = A	lanager authorized Member		
<u>l'itle</u>	Name	Address	Type of Action
			Add
			Remove
			∩ Add
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r re.	Alice data if ask and handle ask of file		
(Ifan	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I	ursuant to 605	02
<u>V010</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date wment's effective date on the Department of State's records.	ill not be liste	ed a
	·		
If the n	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	n the earlie	er
(b) Th	e 90th day after the record is filed.		
Date	d 09/25/18		
			
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00