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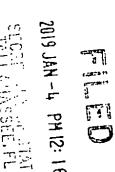
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filips Officer
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COVER LETTER

Div	vision of Corp	orations				
SUBJECT:	Melach, LLC					
OBJEC1.		Name of Limit				
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please returt	n all correspon	dence concerning this matter to	o the following:			
		Louise Casper				
			Name of Person			
		Meiach, LLC				
			Firm/Company			
		3472 Oakmont Estates Blvd	1			
		-	Address			
		Wellington, FL 33414				
		saltroomcoralsprings@gmai.	City/State and Zip Code com			
		E-mail address: (to	o be used for future annual report notifi	cation)		
For further i	nformation co	ncerning this matter, please ca	II:			
Louise Casp	per		561 676-6545 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	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 Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

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 **OF**

ARTICLES OF ORGANIZATION



2019 JAN - 4 PM 12: 16 Melach, 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 November 2, 2018 and assigned Florida document number ____L18000258159 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Elinor Schimel	14803 Halter Road Wellington, Florida 33414	
			Remove
			☐ Change
MGR	Barry Schimel	14803 Halter Road Wellington, Florida 33414	Add
			☐ Remove
			Change
			Add
		 	Remove
			□ Change
		 	☐ Remove
			☐ Change
			
			Remove
			Change
			□ Add
			Remove

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		<u> </u>	·
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			• ;
			
Note: If the date inserted in this	must be specific and cannot be prior	able statutory filing requiren	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
ne record specifies a delay The 90th day after the r	ved effective date, but no record is filed.	t an effective time, at	12:01 a.m. on the earlier of
Dated	2019		
-1	Carper	_	
× aun	Carper	orized representative of a memb	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00