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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mel Athor Enterprises 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.	
Arthur M. Bussel ala Mel Arthu	٧٠
Mel Arthur Entergrises LLC Firm/Company	
1013 Royal Troon Ct.	
Tarpon Springs FL 34600 City/State and Zip Code	
MelArthur 4 @ GRAL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	ı

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**

Mel Hothur F	Enterpriser LLC	_
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor		assigned
Florida document number L 19000862	.50	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation	1 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
	14	TI .
	· .	ro is
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>್ ಕಾ</u>
	مو هر	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, <u>enter the na</u> ess here:	me of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip C	ode
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am familian ent as provided for in Chapter 605, F.S. Or, if this c	with and locument is
	If Changing Registered Agent, Signature of New Registered	Agent

If amending or removed	Authorized Person(s) authorized to a from our records:	manage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Arthur M. Bussel	1013 ROYAL Troom Ct. TARROW STR	INGS , FL. 3 4688
			Remove
n			Change
HMBR	MEL ALThur		Add
		1013 ROYAL Troum Ct. TARPEN Springs, FC 34680	- Remove
			Change
			Add
			Remove
			Change
			
			□ R e move
			Change
			Add
			□ Remove
			Change
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			│ □ Change

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ective date, if other tha	n the date of filing:			(optional)	
n effective date is listed, the date: If the date inserted in terms of the date on the date of the da	this block does not mee	et the applicable st	of filing or more than atutory filing requi:	90 days after filing.) Purements, this date will	rsugent to 605,020 not be listed a
record specifies a de The 90th day after the	layed effective dal e record is filed.	e, but not an e	effective time, a	at 12:01 a.m. on	the earlier (
ted 4 5		2019			
	M00 (We -			
	Signature of a me	inber or authorized i	epresentative of a me	mber	

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Filing Fee: \$25.00