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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GARCIA GARCIA ASSOCIATES INC Account Name

Account Number : I20110000056 : (305)823-9292 Phone : (305)824-0703 Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELHAN SERVICES LLC

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ARTICLES OF ORGANIZATION OF

FILED

MELHAN SERVICES LLC	•	2019	DEC LO PR 42
(Name of the Lim	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	1 16; 92
\mathcal{F}_{i}			RETART OF STATE MASSEE, ELORIDA
The Articles of Organization for this Limited I	.iability Company were filed on $_$	37,2872019	and assigned
Florida document numberL19000086763	·		
This amendment is submitted to amend the fol	lowing:	•	
A. If amending name, <u>enter the new name (</u>	of the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	' ROX		
oraning address man be in took or a roc		· · · · · · · · · · · · · · · · · · ·	
			• • •
3. If amending the registered agent and/or		ecords, enter the nai	ne of the new registere
gent and/or the new registered office addre	ess bere:		
	NAME AND A STATE OF THE STATE O		
Name of New Registered Agent:	MELISSA S GARCIA		
New Registered Office Address:	2215 SE 1ST ST		
-	Enter Flor	ida street address	
	HOMESTEAD	, Florida	33033
	City		Zip Code

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

If amending Authorized Person(s) authorized to manegaconssisting title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name :	Address	Type of Action
MGR	MELISSA S. YEBER	2215 SE 1ST ST	⊡Add
		HOMESTEAD, FL 33033	Remove
			Change
MGR	MELISSA S. GARCIA	2215 SE 1ST ST	≣Add
	•	HOMESTEAD, FL 33033	П Remove
			Change
	<u> </u>		①Add
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n effective date is listed, the date mater. If the date inserted in this	nust be specific and cannot be prior to d block does not meet the applicable	ate of filing or more than 90 e statutory filing requiren	days after filing.) Pursuant to elents, this date will not be l
cument's effective date on the	Department of State's records.		······································
ecord specifies a delayed effect is filed.	tive date, but not an effective time,	at 12:01 a.m. on the ear	ier of: (b) The 90th day a
DECEMBER 9	2019		
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	Signature of a member or authorize	rd representative of a memb	er

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Filing Fee: \$25.00