L1900	0124263
(Requestor's Name) (Address) (Address)	600333787406
(City/State/Zip/Phone #)	09/17/1901003020 **20.00
Certified Copies Certificates of Status	201, SEP 17 PH 1: 03
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COVER LETTER

TO: Registration Section Division of Corporations

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MEL GULF COAST RESTORATION LLC

SUBJECT: __

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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:

MIRELLA PRECIASO SALAZAR

•••

MEL GULF COAST RESTORATION LLC

Firm/Company

Name of Person

5664 LAKE DRIVE APT H3

Address

PANAMA CITY, FLORIDA 32404

City/State and Zip Code NOTARIOHISPANO@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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 TG ARTICLES OF ORGANIZATION OF

MEL GULF COAST RESTORA	TION LLC		100 m		
(Name of the Limi	ted Liability Compa (A Florida Limited)	n <mark>y as it now appears on our records.</mark> Liability Company)			
The Articles of Organization for this Limited L Horida document number L19000124263	.iability Company	were filed on	Him and assigned		
This amendment is submitted to amend the foll	-	lite company hove			
A. If amending name, <u>enter the new name o</u>	ar the limited had	inty company nere.			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>		5664 LAKE DRIVE APT H3, PANAMA CITY FLORIDA			
		32404.MIRE			
Enter new mailing address, if applicable: Mailing gddress MAY BE A POST OFFICE BOX)		P.O. BOX 15004, PANAMA CITY, FLORIDA 32406			
B. If amending the registered agent and registered agent and/or the new registered of	/or registered o ffice address her	ffice address on our records. <u>e</u> :	enter the name of the		
Name of New Registered Agent:	N/A SAME	AS WAS			
New Registered Office Address:	N/A				
		Enter Florida street address			
		_ ا د ا	rida		

New Registered Agent's Signature, if changing Registered Agent:

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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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CESAR DAVID DURO	1424 WEST 11 ST PANAMA CITY. FLORIDA 32401	
			🔜 Add
			Change
		a.	🖸 Add
			Remove
			Change
			🗆 Add
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			□ Change
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E. Effective date, if other than the date of filing: ______(optional) (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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER 13 H	2019	
Muller		
Signature of a r	nember or authorized representative of	a member
Mivella		Salazan
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00