## LZO 000136421

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## **COVER LETTER**

	Registration Se Division of Cor			
CHD IP?	Melendi Co	ommercial, LLC		•
SUBJEC		Name of Lin	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Tammi M. Hughes		
		<del></del>	Name of Person	
			Firm/Company	
		801 S Fremont Avenue		
			Address	
		Tampa, FL 33606		
			City/State and Zip Code	<del>.</del>
		tammimel@gmail.com		
			to be used for future annual rep	ort notification)
For further	r information c	oncerning this matter, please c		
Tammi M	1. Hughes		at () Area Code	7-3338
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addr Registratio	r <u>ess:</u> on Section
Registration Section Division of Corporations		Division of Corporations		
	P.O. Box 632			e of Tallahassee
	Fallahassee, I	FL 52514	2415 N. M	Ionroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melendi Commercial, 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 May 20, 2020 Florida document number  $\frac{L20000136421}{L20000136421}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tammi M. Hughes, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Enter Florida street address \_. Florida City

## 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 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>	Address	Type of Action
M <b>g</b>	Tammi M. Hughes	801 S. Fremont Avenue	■Add
		Tampa, FL 33606	□Remove
		·	Change
			□Add
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	<del>-</del>	
<u>Note:</u> If t	ate, if other than the date of filing:  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 605.0 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	)207 ( l as t
record sprd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the second of the earlier of the second	the
Dated	7/15 2020	
	Deun le Hughes	
	Signature of a member or authorized representative of a member	
	Tammi M. Hughes	

Filing Fee: \$25.00