## L2000 174519

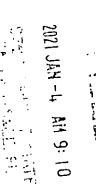
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
nute

Office Use Only



300350936473

00/25/29 - 01024 - 011 - \*4 30.53



O SIMMONS
JAN 13 2021



October 9, 2020

MELISSA AIME 1078 MONTGOMERY RD STE 2028 ALTAMONTE SPRINGS, FL 32714

SUBJECT: MACK AND MEL DESIGNS L.L.C \*\*\*\*\* SEE NOTE\*\*\*

Ref. Number: L20000174519

We have received your document for MACK AND MEL DESIGNS L.L.C \*\*\*\*\* SEE NOTE\*\*\* and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00019805

Octavia L Simmons
Regulatory Specialist II Supervisor

## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
Mack and I	Mel Designs L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melissa Aime		
	<del>- · · · · · · · · · · · · · · · · · · ·</del>	Name of Person	
Melissa Aime  Name of Person  Mack and Mel Ddesign L.L.C.  Firm/Company  1078 Montgomery Rd Suite 2028  Address  Altamonte Springs, Fl 32714  City/State and Zip Code  Mevardi.one@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  (elissa Aime  321 504-1817  Area Code  Daytime Telephone Number			
		Firm/Company	-
	1078 Montgomery Rd Suit	e 2028	
Address  Altamonte Springs, Fl 32714  City/State and Zip Code			
	Altamonte Springs, FI 327	14	
		City/State and Zip Code	Andrew and Address
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please concerning	all:	
Melissa Aime			
Name o	of Person		
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number L 20000174519 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED

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

MGR = Manager

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	<u>Address</u> 2021 JAN -4 AM 9: 10	Type of Action
<u>491</u>	Machenley Aime	1070 Montgomery D	☐ □Add
		Site 2028	Remove
		Altamonie Springs, F1357	☐ Change
Mdr	Melissa Aime	1070 Montgomery Rd.	<b>Ø</b> )Add
		suite 2028	□Remove
		Altamonte spirings i F13	27 □Change
<del></del>	- · · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
	<del></del>		🗆 Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
I already take a faiment of	
\$30,00 on the front I sent for	
a Previous Admentment unat 1 ended	
up cancel herause we were 51°11	
in Process in making Some Final	
business decisions	
The Check was Phocossor 520	
hot since the admendment nower	
took Place, Tid 191/12 to use	
unat prignent to process this	
New admendment.	
	N
	serve li
······································	
Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	s ine
he 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 ord is filed.	:
Dated 11-27-2078	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

E''' E #35.00