

L20 000329696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

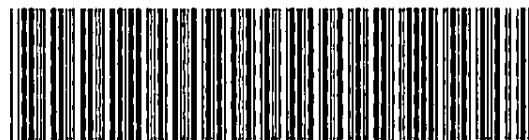
(Business Entity Name)

(Document Number)

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02/08/21--01017--002 **25.00

2021 FEB -3 PM 1:15

R 3/26/21

COVER LETTER

O: **Registration Section**
Division of Corporations

UBJECT: Melver One & Done LLC

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

case return all correspondence concerning this matter to the following:

Jude Baltes

Name of Person

Meiver One & Done LLC

Firm/Company

4350 Hillcrest Dr #303

Address

Hollywood, FL 33021

City/State and Zip Code

meiveroneanddone@gmail.com

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

urther information concerning this matter, please call:

Baltes

305

9872524

at ()

Name of Person

Area Code

Daytime Telephone Number

sed is a check for the following amount:

25.00 Filing Fee

☐ \$30.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCIVER ONE & DONE 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 10/19/2020 and assigned
Florida document number 120000329696.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

When 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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

IGR = Manager

MBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Jude P Baltes	4350 Hillcrest Drive apt 303	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	Susan Baltes	1301 Knox Street	<input type="checkbox"/> Add
		Ogdensburg, NY 13669	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.

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

11/12 2020


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

de P Baltes

Typed or printed name of signee

Filing Fee: \$25.00