

h21 000088398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

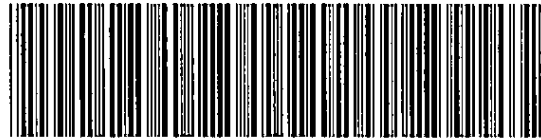
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800367397638

05-01-21 0000 000 000.00

**FILED**  
2021 AUG 12 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

8/12/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2021

GRACIELA MELO  
7405 SW 158TH PL  
MIAMI, FL 33193

SUBJECT: G & S SERVICES LLC  
Ref. Number: L21000088398

We have received your document for G & S SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 321A00015181

RECEIVED

AUG 09 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G & S SERVICES LLC

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:

GRACIELA MELO

Name of Person

G & S SERVICES LLC

Firm/Company

7405 SW 158TH PL

Address

MIAMI, FL 33193

City/State and Zip Code

GRACIELAMELO65@GMAIL.COM

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

2021 AUG 12 PM 3:05  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

GRACIELA MELO

305 790-3026

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

G & S SERVICES 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 02/22/2021 and assigned  
Florida document number L21000088398.

This amendment is submitted to amend the following:

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

~~G & S WHOLESALE LLC~~ Melo Wholesale LLC  
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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**FILED**  
2021 AUG 12 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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*

*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 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>	<u>Address</u>	<u>Type of Action</u>
AR	SHARI MELO	19100 SW 316TH ST	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GRACIELA MELO	7405 SW 158TH PL	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33193	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2021 AUG 12 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 12 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 12 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

ד  
ל  
ל  
מ  
ד

**Note:** 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.

Dated MAY 25TH, 2021

Signature of a R

Signature of a member or authorized representative of a member

SHARI MELO

Typed or printed name of signee

**Filing Fee: \$25.00**