121000206959

(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: CARRETERNISTION TO COULT MICHIPARTY Add Suffix to rome Mo. Melvine 8/19/21 45

<u>.</u>†

Office Use Only



500370974615

08/09/21--01082--006 **25.00





COVER LETTER

TO: Registration Section

Division of Co	rporations		•
	EVENTS INC.		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- ondence concerning this matter		
	MELANIE M DI FRISCO		
		Name of Person	.,
	MELLAS EVENT INC.		2021
	<u></u>	Firm/Company	
	62 FAIRWAYS LANE		AUG-9 PH
		Address	SSE P
	ROYAL PALM BEACH F	CLORIDA 33411	2021 AUG -9 PM 2: 1 SEGULAHASSEE, FI
		City/State and Zip Code	——————————————————————————————————————
	MELLASEVENTSUNLIM	•	
	E-mail address: (to be used for future annual report n	iotification)
For further information	concerning this matter, please co	all:	
MELANIE M DI FRISC	00	561 389-1606 at ()	
Name	of Person	Area Code Days	time Telephone Number
Enclosed is a check for t	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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee,	Section Corporations f Tallahassee troe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELLA EVENTS INC.		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our remitted Liability Company)	cords.)
he Articles of Organization for this Limited Liability Con	npany were filed on $\frac{05/04/2021}{}$	and assigned
orida document number 1.21000206959		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
	yent Planning 1	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	
inter new principal offices address, if applicable:	62 FAIRWAY LANE	202I
Princip <u>al office address MUST BE A STREET ADDRE.</u>	SS) ROYAL PALM BEACH	
	FLORIDA 33411	
Enter new mailing address, if applicable:	N/A	SEED ASSEED
Mailing address MAY BE A POST OFFICE BOX)		FILE
3. If amending the registered agent and/or registered o	office address on our records, <u>e</u>	nter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street a	ddress
		. 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 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>	Type of Action
AMBR	MELANIE M DI FRISCO	62 FAIRWAY LANE	■ Add
		ROYAL PALM BEACH FL 33411	□Remove
			□Change
MGR	BRYANA F CORREA	62 FAIRWAY LANE	□Add
		ROYAL PALM BEACH	SEC BRemove
		FLORIDA 33411	Change
MGR	MELANIE M DI FRISCO	62 FAIRWAY LANE	PH 2:
		ROYAL PALM BEACH	FAIE 1 □ Remove
		FLORIDA 33411	☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove

-				.		
						
				 		
				<i>c</i> s	63	
				<u> </u>	2021	
					AUG	
				HAS		#200
***************************************				ار. الدا — چنده	. 15	T)
				<u> </u>	Ÿ (D
					17	
			· · · · · · · · · · · · · · · · · · ·			
<u> </u>						
	N/A					
ective date, if other than the date of filin effective date is listed, the date must be specific an	id cannot be prior t		g or more than 90			
e: If the date inserted in this block does not ument's effective date on the Department of		ble statutory	filing requiren	nents, this date v	will not be	listed a
·						
cord specifies a delayed effective date, but no	ot an effective tin	ne, at 12:01	a.m. on the ear	lier of: (b) The	90th day	after the
s filed.						
AUGUST 3RD	2021					
	. >					
'KW	1		//			_
Signature of a						