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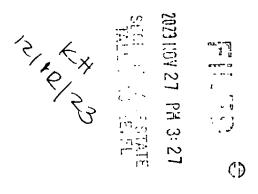
		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEL155A CR277 LLC	3
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:	
HARI PRIYA NARALA	
Name of Person	
MEL].SSA CR277 LLC Firm/Company	
382 SANCTUARY DR	
Address	
57. JOHNS. FL. 32259 City/State and Zip Code	
NAIZALA . HARIPRIYA @ GMAIL . Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person at (407) 399 - 6833 Name of Person Area Code Daytime Telephone Number	202 se
Enclosed is a check for the following amount:	31:04 27
(additional copy is enclosed) Certified C	e of Status &

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

MEL135A CR277 L				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now app imited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000 292 77 3</u> This amendment is submitted to amend the following:	mpany were filed on .	06/24/2021	and as	signed
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: It amending the registered agent and/or registered office address on our records, enter the name of the hew registered				
•	ed Liability Company," th	e designation "LLC" or th	e abbreviation "I	L.C."
Enter new principal offices address, if applicable:				
(<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on ou	r records, <u>enter the n</u>	ame of the ne	w registered
Name of New Registered Agent:			27 	; · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	r	Torida street address	1.100 ca	· , ,
	Enter 1		PATE A) (/)
	City	, Florida	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>	Address	Type of Action
MGR	HARISH KUMAR KANDOOR	382 Sanctuary Dr. St Johns Fl 3	22-59
			□Remove
			□Change
			□Add
			□Remove
			□Change
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f an effective date is	other than the date listed, the date must be sp nserted in this block d	ecific and cannot	be prior to date of	tiling or more than	90 days after fil	ng.) Fursuant to	6 60 5.0207 (
Note: If the date w	nserted in this block d ive date on the Departi	oes not meet the nent of State's r	applicable stati ecords.	nory tiling requi	rements, this d	ite will not be	e fisted as ti
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