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22 NOV -L PM 1.- 1.8

COVER LETTER

Tallahassee, FL 32314

TO: Registration Secti Division of Corpo				
SUBJECT: Me	lago Legaci	ILC		
30 20 000	Name of Lin	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	.,	•		
	_ Anthon	y Agasto Namul of Person		
	Mellaga	o LEGACY LLC Firm/Company		
	3132	Oak Lane Address	···	22 NOV -
	<u>Edge</u>	water FC 32 City/State and Zip Code	132	22 NOV -4 PH 4: 48
	E-mail address). (to be used for future annual report notified	net cation)	8.1.8
For further information cond	terning this matter, please c	all:		
Anthony Name of Pe	Agos to	at (407) Area Code Daytime	- 50 le 4 Telephone Number	_
Enclosed is a check for the f	ollowing amount:			
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Society Certified Copy (additional copy is	Status &
Mailing Address: Registration Sec Division of Cor		<u>Street Address:</u> Registration Sect Division of Corp	orations	
P.O. Box 6327		The Centre of Ta	Hahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2022

ANTHONY AGOSTO 3132 OAK LANE EDGEWATER, FL 32132

SUBJECT: MELLAGO LEGACY LLC

Ref. Number: L22000008411

We have received your document for MELLAGO LEGACY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE FILL OUT ALL PAGES OF FORM AND RETURN AS REQUIRED.

We are enclosing the proper form(s) with instructions for your convenience.

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

Michael A Hall OPS Clerk

Letter Number: 122A00022340

22 NOV -4 PM 4: 48

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Mellago	Legacy LLC nited Diability Company	
	Name of Lin	nited Diability Company	
The malayed Anticlus of	Amount and for(a) are sub-		
The enclosed Afficies of	Amendment and fee(s) are sub	minica for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthon	4 AGUSTO Name of Person	
	Mellac	Jo Legacy L	22 NOV -4
	_3/32 Oak	Lane	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
An Thor	ny A-Gosto	at (40) 921- Area Code Daytim	SOLY te Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	·
Registration 5		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Me lago	legacy LLC	o 	
(<u>Name of the Limited Kiah</u> (K Flor	illity Company as it pow appears on cida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number &LQ2 00000	Company were filed on	3/22 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "1.	imited Liability Company "the design	ition "I.I.C" or the abbreviation."	110"
Enter new principal offices address, if applicable:	mined matrice company, the designe	Mon is the distribution	En.
• • • • • • • • • • • • • • • • • • • •			
Principal office address MUST BE A STREET ADI	<u> </u>		<u> </u>
		<u>!</u>	<u> </u>
		q	1000 1000 1000 1000 1000 1000 1000 100
Enter new mailing address, if applicable:			Si.
Mailing address MAY BE A POST OFFICE BOX)		‡.	프를
			- - - - - - - - - - - -
B. If amending the registered agent and/or register	rad office uddross on our recover	de antar the name of the n	
gent and/or the new registered office address here		is, enter the hame of the h	ew registere
Name of New Registered Agent:	Taqueline B.	Mellor	
New Registered Office Address:	U		
	Enter Florida sti	reet address	
		, Florida	
	City	Zip Cod	e

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.

Ghanging Registered Agent, Signature of New Registered Agent

ч

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
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Note: If the date inserted in document's effective date	in this block does not me	eet the applical				
ocument seriestive date (on the Department of St	ate s records.				
record specifies a delayed d is filed.	l effective date, but not a	ın effective tin	ne, at 12:01 a.m	on the earlie	r of: (b) The	90th day after th
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Dated 7 4 2	022		_ ·			
• •	au llas	Dame.	4.			
	Signature of a m	ember or author	ized representativ	c of a member		

 $(x_1, \dots, x_n) \in \mathcal{A}_{p,q} \times \mathcal{A}_{p,q} \times$

Filing Fee: \$25.00