

L22 000425712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

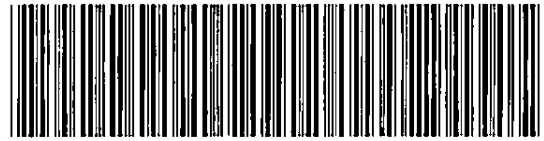
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FILED  
2024 APR -2 PM 4:57  
SECRETARY OF STATE  
201 N. BRIDGE, 100TH

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Miami Vice Mold & Restoration  
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:

Steven Melo  
Name of Person

Melo Mold Solutions  
Firm/Company

18061 Biscayne Blvd, Apt 1402-2N  
Address

Aventura FL 33160  
City/State and Zip Code

MeloMoldSolutions@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Melo at ( 305 ) 970 4934  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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**

FILED

Miami Vice Mold & Restoration

2024 APR -2 PM 4:55

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE OF FLORIDA  
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on 10/03/22 and assigned  
Florida document number 622000482.

L 22 000 425 712

This amendment is submitted to amend the following:

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

Melo Mold Solutions 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)**

18061 Biscayne Blvd, Apt

1402-2N

Aventura FL 33160

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

**(Mailing address MAY BE A POST OFFICE BOX)**

18061 Biscayne Blvd, Apt

1402-2N

Aventura FL 33160

**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:

18061 Biscayne Blvd Apt 1402-2N

Enter Florida street address

Aventura

City

Florida

33160

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A single vertical line runs down the left side, creating a margin. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated 3/29/24



Signature of a member or authorized representative of a member

Steven M. Eld

Typed or printed name of signee