

**L2300023075**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000025842 3)))



H250000258423ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : 8AJ INC DBA MIGRATAX USA  
Account Number : I20230000146  
Phone : (305)978-2476  
Fax Number : (305)631-2277

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MELVIN CONSTRUCTION AND REMODELING COMPANY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JAN 27 2025

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX  
Help

RECEIVED

2025 JAN 22 PM 1:11

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2025 JAN 22 PM 12:08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MELVIN CONSTRUCTION AND REMODELING COMPANY 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:

MELVIN OSMAN CARRASCO RODRIGUEZ

Name of Person

MELVIN CONSTRUCTION AND REMODELING COMPANY LLC

Firm/Company

3152 NW 32ND STREET

Address

MIAMI FL. 33142

City/State and Zip Code

CARRASCOMELVIN87@GMAIL.COM

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

For further information concerning this matter, please call:

MELVIN O CARRASCO RODRIGUEZ

Name of Person

at ( 305 ) 609-1395

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Fee,  
Certificate of Status &  
Certified Copy  
(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**

MELVIN CONSTRUCTION AND REMODELING COMPANY 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 \_\_\_\_\_ and assigned  
Florida document number L23000023075

This amendment is submitted to amend the following:

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

MEL FIBER OPTIC COMMUNICATION 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)

**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*

*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

\_\_\_\_\_

**MGR = Manager**

**AMBR = Authorized Member**

Title

**Name**

**Address**

**Type of Action**

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

Change

☐ Add☐ Remove☐ Change

Add

Remove

Change

Add

Remove

## Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

**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 01-21, 2025

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**