

# L23000218162

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

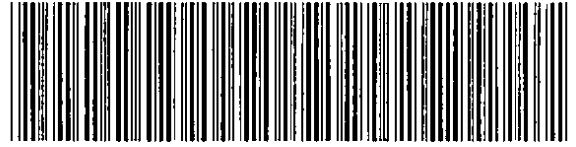
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 700412727287

07/25/23--01020--012 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL 25 PM 12:38

FILED

**Cover Letter**

**Melissa Gaccione**

**Daytime Phone Number 850-499-9295**

**Return Address: 52 3<sup>rd</sup> Street Shalimar FL, 32579**

Hello, I am only trying to change the name of my LLC. I would like this change to be effective ASAP if possible.

Thank You,

**Melissa Gaccione**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEL MARIE 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:

Melissa Gaccione

\_\_\_\_\_  
Name of Person

MEL MARIE LLC

\_\_\_\_\_  
Firm/Company

52 3rd Street

\_\_\_\_\_  
Address

Shalimar FL, 32579

\_\_\_\_\_  
City/State and Zip Code

monroebrent@gmail.com

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

For further information concerning this matter, please call:

Brent Monroe

850 499-9295  
at ( )

\_\_\_\_\_  
Name of Person

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**

MEL MARIE LLC

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

FILED  
2023 JUL 25 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 03, 2023 and assigned  
Florida document number L23000218162.

This amendment is submitted to amend the following:

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

BM MONROE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

NA

**(Principal office address MUST BE A STREET ADDRESS)**

NA

Enter new mailing address, if applicable:

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

NA

**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:

NA

New Registered Office Address:

NA

Enter Florida street address

NA

Florida NA

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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change

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

NA

FILED  
2023 JUL 25 PM 12:38  
SCHOOL OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: NA (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 NA, NA

Signature of a member or authorized representative of a member

**Melissa Gaccione**

Typed or printed name of signee