L24000061701

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COVER LETTER

Registration Section Division of Corporations

TO:

	DLUTIONS ELC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTONIO DE MASE		
		Name of Person	
	MELLO SOLUTIONS LL	.C	
		Firm/Company	
	1168 BATTERSEA AVE		
		Address	
	SPRING HILL, FL 34609		
	, ut	City/State and Zip Code	
	ANTONIODEMASE96@C		
	E-mail address: ((to be used for future annual report notification)	· 2
For further information e	oncerning this matter, please c	all:	1887 1887
ANTONIO DE MASE		352 777-6879	2074 COT 28
Name o	f Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	. : 	F# 3:45
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Fee, Status & Dy
Mailing Addres Registration S		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELLO SOLUTIONS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited i	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.24000061701	were filed on 02/02/2024 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
HELLO MELLO LLC			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7901 4th St N #23159		
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702		
Enter new mailing address, if applicable:	7901 4th St N #23159		
(Mailing address MAY BE A POST OFFICE ROX)	St. Petersburg, FL 33702		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter Fiorida street address		

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.

 Cin°

, Florida _

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
AMBR	ANTONIO DE MASE		□Add
			□Remove
		7901 4th St N #23159 St. Petersburg, FL 33702	Change
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Note: 1	e date, if other than the date of filing:	ng.) Pursu ite will n	iant to 60 or be ilis	05,0207 sted as t
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th	day aft	er the
	2024			
)ated <u>-</u>	Am Delan			
)ated <u>-</u>	Signature of a member or authorized representative of a member			

Filing Fee: \$25.00