# L2400066506

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **Contact Information**

Name: New Business Filing LLC

Address: 8170 Washington Village Drive

Dayton, Ohio 45458

**Email: Orders@newbusinessfiling.org** 

#### **COVER LETTER**

	stration Section of Corp					
	Mel a Vendir	ng LLC				
Name of Limited Liability Company						
The enclosed .	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return a	all correspon	dence concerning this matter	to the following:			
		Sarah Jones				
			Name of Person			
			Firm/Company			
		8170 Washington Village I	Or .			
			Address	<del></del>		
		Dayton, OH 45458				
		orders@newbusiness.org	City/State and Zip Code			
For further inf	ormation co	E-mail address: ( neerning this matter, please ca	to be used for future annual report not	fication)		
Sarah Lashley			863 532-1483			
	Name of I	Person Person	Area Code Daytim	ne Telephone Number		
Enclosed is a	check for the	following amount:				
<b>■</b> \$25.00 Fi	ling 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

MeLa Vending LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.24000066506		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter th</u> here:	e name of the new register
Name of New Registered Agent:		<u>.                                    </u>
New Registered Office Address:	Enter Floridu street address	
	, Flori	ida
	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 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>	Name	<u>Address</u>	Type of Action
AMBR	Sarah Lashley	412 Tut N Lue Rd	■Add
		Lorida, FL 33857	□Remove
			Change
AMBR	Max Nissenbaum	554 De Witt Ave NE	<b>■</b> Add
		Palm Bay, FL 32904	□Remove
			Change
AMBR	Sarah Barr	2008 15th Ln	□Add
		Vero Beach, FL 32960	■Remove
			□Change
			□Add
			□Remove
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			□ Remove
			□ Change
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			Remove
			□Change

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