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(Re	questor's Name)	
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	y/State/Zip/Phone	#\
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

	Registration So Division of Cor			susta.
	MELON R	EAL LLC		
SUBJEC	T:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		GILLIAN BREAKSPEAR	RE.	207H
			Name of Person	TOTAL CAR
		LORD BREAKSPEARE	CALLAGHAN LLC	2021(APR 12 SECRETAR
			Firm/Company	100 7
		12030 SW 129 COURT S	UITE 208	RYCE STATE
		-	Address	一 四 五
		MIAMI, FL 33186		·
		GILLIAN@LBCPA.COM	City/State and Zip Code	
		-	to be used for future annual report notific	ration)
For furthe	er information c	oncerning this matter, please c	all:	
JOANNA	A PONCE		305 274-5811	
	Name o	f Person		Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25.0	00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion
	Division of C		Division of Corp	
]	P.O. Box 632	27	The Centre of Ta	llahassee
•	Tallahassee. 1	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELON REAL 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 03/21/24 and assigned Florida document number $\frac{1.24000138822}{1.24000138822}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

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>	Address	Type of Action
MGR	Jeanethe Tatiana Clavijo Alvarez	888 S Douglas Road Unit 1616	
		Coral Gables. FL 33134	□Remove
			= Change
		.	□Remove
		<u> </u>	□ Change
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			20 PR PR PChange
			Add BAdd BA
			Remove
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Effective date, if other than the date of filing:	(optional)	
fan effective date is listed, the date must be specific and cannot be prior to date on Note: If the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursu	
document's effective date on the Department of State's records.		
	12 U C (1) (11) 001	
record specifies a delayed effective date, but not an effective time, at d is filed.	12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated MARCH 21 2024		
	epresentative of a member	

Filing Fee: \$25.00