

## 124 000 241 862

(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Co			
eun uez		ts Milton LLC		
SUBJEC	٠١;	Name of Lim	ited Liability Company	<del></del>
The engl	and Articles of	Amendment and fee(s) are sub	mitted for filing	
			<del>-</del>	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		<del></del>	Name of Person	
		REGISTERED AGENTS	INC	
			Firm/Company	
		7901 4TH ST N STE 300		
		<u></u>	Address	
		ST. PETERSBURG, FL 3:	3702	
			City/State and Zip Code	
		jarrett@melvineats.com	, ,	
		E-mail address: (	to be used for future annual report not	tification)
For furth	er information of	concerning this matter, please ca	all:	
jarrett m	ielvin		850 376-5717	
	Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
	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 Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
	P.O. Box 633		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mevlin Eats Milton LLC			
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company were filed on _	5/24/202 <b>4</b> and assig	and assigned	
Florida document number <u>L24000241862</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	<u>here</u> :		
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:	202 S		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
<del></del>	5.4. <b>a</b>	•	
Enter new mailing address, if applicable:	12. 👺		
(Mailing address MAY BE A POST OFFICE BOX)	नार् <b>ं</b> ?:		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new i	register(	
Name of New Registered Agent:			
New Registered Office Address:	lorida street address		
Enter F	toriaa street adaress		
Cin;	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	Ziji Code		

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

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	JARRETT MELVIN	7901 4TH ST N STE 300 ST. PETERSBURG, FL	□Add
		33702	= Remove
			□Change
AMBR	AMANDA MELVIN	7901 4TH ST N STE 300 ST. PETERSBURG, FL	□Add
		33702	, <b>=</b> Remove
		<del></del>	□Change
AMBR	MELVIN EATS LLC	7901 4TH ST N STE 300 ST. PETERSBURG, FL	<b>=</b> Add
		33702	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	- <del></del>		□ Add
			□Remove
			□ Change

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ctive date, if other than	the date of filin	June 10, 2024	ŀ	(o <b>n</b> ti	onal)
ctive date, if other than effective date is listed, the date is listed in this in this case in this effect in t	must be specific un	a campor de prior to	cate or ming or m	ore than 90 days afte	r filing.) Pursuant to 605.0
ment's effective date on the	e Department of :	State's records.	ne statutory min	g requirements, un	s date will not be listed
ord specifies a delayed effe filed.	ctive date, but no	t an effective tim	e, at 12:01 a.m. (	on the earlier of: (b	) The 90th day after
THE U.					
d		2024	<u>.</u> .		
0		1 - 0			
	Signature of a	member or authori	2cd representative	of a member	