

L24 000 241 862

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

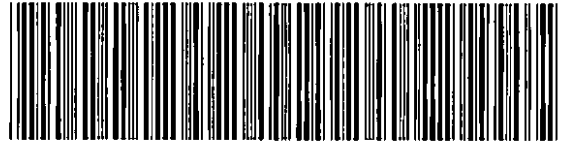
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 JUN 13 PM 2:08  
CLERK OF COURT  
JESSICA E. LEE

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Melvin Eats Milton 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:

Name of Person

REGISTERED AGENTS INC

Firm/Company

7901 4TH ST N STE 300

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

jarrett@melvineats.com

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

For further information concerning this matter, please call:

jarrett melvin

450

376-5717

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

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JARRETT MELVIN	7901 4TH ST N STE 300 ST. PETERSBURG, FL	<input type="checkbox"/> Add
		33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMANDA MELVIN	7901 4TH ST N STE 300 ST. PETERSBURG, FL	<input type="checkbox"/> Add
		33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MELVIN EATS LLC	7901 4TH ST N STE 300 ST. PETERSBURG, FL	<input checked="" type="checkbox"/> Add
		33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

**Filing Fee: \$25.00**