

L24000429223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

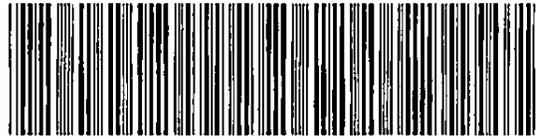
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NOV - 6 2024

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REC. 21 5:14:07

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MELCHIORI, LLC (NAME AMENDMENT AND ADDRESS CHANGE)

\_\_\_\_\_  
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:

NICOLE M. MELCHIORI

\_\_\_\_\_  
Name of Person

MELCHIORI LLC

\_\_\_\_\_  
Firm/Company

109 AMBERSWEET WAY #409

\_\_\_\_\_  
Address

DAVENPORT, FL 33897

\_\_\_\_\_  
City/State and Zip Code

nicolemelchiori@hotmail.com

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

For further information concerning this matter, please call:

NICOLE M. MELCHIORI

651 528-9574  
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

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

2024 01 21 11:4:03

MELCHIORI, 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 10/4/2024 and assigned Florida document number L24000429223.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MELCHIORI LLC

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:

1466 E MICHIGAN STREET

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32806

Enter new mailing address, if applicable:

109 AMBERSWEET WAY PMB 341

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT, FL 33897

**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:

NICOLE M. MELCHIORI

New Registered Office Address:

1466 E MICHIGAN STREET

*Enter Florida street address*

ORLANDO

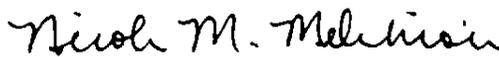
*City*

Florida 32806

*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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change



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

2024 DEC 21 07:40:07

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(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32806

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109 AMBERSWEET WAY PMB 341

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DAVENPORT, FL 33897

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Name of New Registered Agent:

NICOLE M. MELCHIORI

New Registered Office Address:

1466 E MICHIGAN STREET

*Enter Florida street address*

ORLANDO

, Florida 32806

*City*

*Zip Code*

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*Nicole M. Melchiori*

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