# P07000127450

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13 SEP 16 AM 9: 59
SECRETARY OF STATE
ANALYSEE, FLORIDA

C. LEWIS SEP 2 4 2013 EXAMMER

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	MELROSE SER: <u>P0700012745</u>		DINGS, INC	
	of Amendment and fee are su			
Please return all corres	pondence concerning this mat	ter to the following:		
	ROBERT HIGGIN	NS		
	MELROSE PATR	Name of Contact Perso		
-	MELITOGETATI	<del></del>	3, 1140	
Firm/ Company 5730 SOUTHWEST 56 STREET				
-	Address			
	<b>DAVIE, FL 33314</b>			
•		City/ State and Zip Coo	le	
rob	ort@daha not			
100	ert@dqbs.net	ed for future annual repor	notification)	
	is man address, (to eval)	od for forure annual report	. Hovineation)	
For further information	concerning this matter, please	e call:		
ROBERT HIG	GINS	at ( 954	587-8444	
Name o	f Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address Indment Section Indicate the Address Industry	Ameno Divisio Cliftor	Address  Idment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation

## FILED

### MELROSE PATRIOT HOLDINGS, INC

R. ..

13 SEP 16 AH 9: 59

(Name of Corporation as currently filed with the Florida Dept. of State) P07000127450

SECRETARY OF STATE TALLAHASSEE, FLORIDA

nt(s) to

(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Florida Pro	ofit Corporation adopts the following amount	endmei
A. If amending name, enter the new name of the	e corporation:		
		The	new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or a	orp," "Inc," or "Co". A pro	any," or "incorporated" or the abbrev	viation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	uble: (DDRESS)		
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		
D. If amending the registered agent and/or regis	etared office address in Flor	ida enter the name of the	
new registered agent and/or the new register	ed of fice address:	ion, enter the name of the	
Name of New Registered Agent			
<del></del> -	(Florida street address)	<del></del>	
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered ager	nt. I am familiar with and acc	cept the obligations of the position.	
Signature o	f New Registered Agent, if cho	anging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer: S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	ROBERT HIGGINS	5730 SOUTHWEST 56 STREET	
$X_{Add}$			DAVIE, FL	
Remove			33314	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
の Change			and the state of t	
Add				
Remove				

E. <u>If an</u>	ending or adding additional Articles, enter change(s) here:
	ch additional sheets, if necessary). (Be specific)
N/A	
•	
-	
_	
F. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A	(y not applicable, maleule mit)
19/74	

The date of each amendment(s) a	dontion: 9/12/13	FILE Of other than the
date this document was signed.	doption:	to any seek days office that the
Effective date if applicable:		13 SEP 16 AM 9: 59
	(no more than 90 days after	amendment file da <b>rg</b> EORETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of afficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting a each voting group entitled to vote separat	
"The number of votes east	for the amendment(s) was/were sufficient in	or approval
by	(voting group)	**
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shar	reholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without sharehol	der action and shareholder
Dated	9/12/13	
Signature	Melernande	
selecte	irector, president or other office if directly if directly it is an incorporator – if in the hands of a ted fiduciary by that fiduciary)	
	FELICIA HERNANI	DEZ
	(Typed or printed name	of person signing)
	DPST	
	(Title of person	signing)