P13000030133

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JUL - 3 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MELROSE 15-5.	CORP
DOCUMENT NUMBER: P13000030133	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
FABIOLA RENZA	
	Name of Contact Person
MELROSE 15-5, CORP	
	Firm/ Company
1805 PONCE DE LEON BO	OULEVARD, SUITE 200
	Address
MIAMI, FL 33134	
	City/ State and Zip Code
fabiolarenza@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea FABIOLA RENZA	
Name of Contact Person	at () 733 6340 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S4 Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MELROSE 15-5, CORP.

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
PI	13000030133
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation	<u>n:</u>
MELROSE 15-5, CORP	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20 d
	50 -
C. Enter new mailing address, if applicable:	$\mathbb{R}^{[n]}$ ω
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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	u က
	<u></u>
D. If amending the registered agent and/or registered office : new registered agent and/or the new registered office add	
Name of New Registered Agent	
Cl :: I	da street address)
(r torta)	u street aaaress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
Thereby accept the appointment as registered agent. I am famili	
Signature of V.	ine Registered Agent if changing

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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ll <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	VPD	PAMELA VALENZUELA	4005 NW 114TH AVE
Add			SUITE 5
X Remove			DORAL, FL 33178
2) Change	VPD	PATRICIO VALENZUELA	4005 NW 114TH AVE
X Add			SUITE 5
Remove			DORAL, FL 33178
3) Change			
Add			
Remove			
4} Change			
Add			
Remove			
51 Change			_
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
				-
				
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificati indment if not conta	on, or cancellation ained in the amend	of issued shares, lment itself:	
				_
				

	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	温 二
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	9 PN 6: 33
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	6: 33
06/29/2017 Dated	
$\mathscr{L}_{\mathcal{L}}$	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
FABIOLA RENZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	



Approved to the I for a to the grant of I Secretary to I Continue on a terratory

Detail by Entity Name

Florida Profit Corporation MELROSE 15-5, CORP.

Filing Information

Document Number

P13000030133

FEI/EIN Number

N/A

Date Filed

04/03/2013

State

FL

Status

ACTIVE

Principal Address

4005 NW 114TH AVE

SUITE 5

DORAL, FL 33178

Mailing Address

4005 NW 114TH AVE

SUITE 5

DORAL, FL 33178

Registered Agent Name & Address

MLP FINANCIAL GROUP INC

4005 NW 114TH AVE

SUITE 5

DORAL, FL 33178

Officer/Director Detail

Name & Address

Title PD

RENZA, FABIOLA

4005 NW 114TH AVE #5

DORAL, FL 33178

Title VPD

VALENZUELA, PAMELA

4005 NW 114TH AVE #5

DORAL, FL 33178

Annual Reports

Report Year

Filed Date

2015	03/30/2015
2016	03/18/2016
2017	01/12/2017

Document Images

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