

L25000035552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

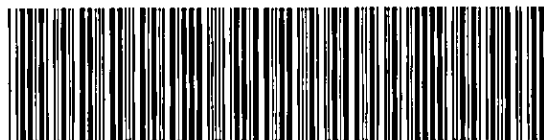
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
FEB - 5 2025

Office Use Only



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FILED

2025 FEB - 4 AM 11:24

NOTIFIED

2025 FEB - 4 AM 11:30

NOTIFIED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$25,00  
Authorization Signature *[Signature]*

Melo Global Consulting LLC. L25000035552  
Business #Document

Walk in \_\_\_\_\_ Will wait

\_\_\_\_\_ Certified Copies of articles  
\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
\_\_\_\_\_ LLC  
\_\_\_\_\_ Domestication  
\_\_\_\_\_ INC  
\_\_\_\_\_ CORP  
\_\_\_\_\_ OTHER

**AMENDMENTS**

X Amendment  
\_\_\_\_\_ Resignation of R.A.  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Revocation of Dissolution  
\_\_\_\_\_ Conversion  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ Merger  
\_\_\_\_\_ Restated Articles

**OTHER FILINGS**

\_\_\_\_\_ TRANSMITTAL LETTER  
\_\_\_\_\_ Fictitious Name  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign Filing  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Statement of CORRECTION  
\_\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL 32309  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MELO GLOBAL CONSULTING 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:

Dolores Fernandez

Name of Person

MELO GLOBAL CONSULTING LLC

Firm/Company

3550 Ne 169 St apt 103F

Address

North Miami Beach FL 33160

City/State and Zip Code

dolofer1999@hotmail.com

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

For further information concerning this matter, please call:

Dolores Fernandez

754

2955422

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**

MELO GLOBAL CONSULTING 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 February 1 2025 and assigned  
Florida document number L25000035552

This amendment is submitted to amend the following:

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

MELO GLOBAL CONSULTING 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:

3550 Ne 169 St apt 103F

(Principal office address MUST BE A STREET ADDRESS)

North Miami Beach

FL 33160

Enter new mailing address, if applicable:

3550 Ne 169 St apt 103F

(Mailing address MAY BE A POST OFFICE BOX)

North Miami Beach

FL 33160

**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:

Fernandez Sebastian Horacio

New Registered Office Address:

3550 Ne 169 St apt 103F

Enter Florida street address

North Miami Beach

Florida 33160

City

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>
MGR	Fernandez Dolores	3550 Ne 169 St Apt 103F	<input type="checkbox"/> Add
		North Miami Beach	<input checked="" type="checkbox"/> Remove
		FL 33160	<input type="checkbox"/> Change
MGR	Fernandez Sebastian Horacio	3550 Ne 169 St Apt 103F	<input checked="" type="checkbox"/> Add
		North Miami Beach	<input type="checkbox"/> Remove
		FL 33160	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 3 2025

Signature of a member or authorized representative of a member

**Fernandez Dolores**

Typed or printed name of signee

**Filing Fee: \$25.00**