

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

L2200015734

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000198135 3)))



H220001981353ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
 Account Number : I20060000135  
 Phone : (305)789-3200  
 Fax Number : (305)789-4137

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jerry@imperialsterling.com

CM NO. 05863.0070

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MELBOURNE SOUTHEAST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JUN -7 PM 4:33

APPROVED  
 AND  
 FILED  
 2022 JUN -7 AM 9:01

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H22000198135 3

MELBOURNE SOUTHEAST, 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 01/13/2022 and assigned Florida document number L22000015734.

This amendment is submitted to amend the following:

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

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:

c/o IMPERIAL STERLING, LTD

(Principal office address MUST BE A STREET ADDRESS)

287 BOWMAN AVE 2ND FLOOR STE 222

PURCHASE, NY 10577

Enter new mailing address, if applicable:

c/o IMPERIAL STERLING, LTD

(Mailing address MAY BE A POST OFFICE BOX)

287 BOWMAN AVE 2ND FLOOR STE 222

PURCHASE, NY 10577

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

City

Zip Code: 0

2022 JUN - 7 AM 9:01

FILED

APPROVED

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:

H22000198135 3

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

H22000198135 3

H22000198135 3

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**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 June 7 , 2022

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jerrold G. Levy  
Typed or printed name of signor

H22000198135 3

**Filing Fee: \$25.00**