## 19000282238

(Red	questor's Name)	
(Ado	dress)	
(Ádo	dress)	
(City	y/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

TO: Registration S Division of Co			
MEGC LI			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Maria Edileia Gomes Calc	leira Coelho	
		Name of Person	<del></del>
	Hea	Calcura.	<del></del>
	22119 Boca Place Dr. 318		
		Address	
	Boca Raton, FL 33433		
	<del></del>	City/State and Zip Code	
	edileiacaldeira@hotmail.co	m	
	E-mail address; (	to be used for future annual report r	otification)
For further information of	concerning this matter, please c	all:	
Cleo Pereira		917 2952535	
Name c	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO 2020 C 21 FT 2:4:0 ARTICLES OF ORGANIZATION OF

MEGC LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L19000282238	bility Company were filed on 11/12/2019	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the i</u> here:	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Power Classic	
	Enter Florida street address	
	Florida	Zip Code
	City.	right Cinate

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Maria Edileia Gomes Caldeira Coel	22119 Boca Place Dr. 318, Boca Raton FL 33433	<b>=</b> Add
			□Remove
			□Change
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Effective date, if other than the	date of filing:		(optional)
Affective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to d	ate of filing or more than 90 day	es after filing.) Pursuant to 605.0207 (
locument's effective date on the De			
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
d is filed.			
January 11	2020		
Dated	. <u> </u>		
	Aran	a O dein	
	uw	a volume.	
	Signature of a member or authorize	d representative of a member	

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