

M21000010229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

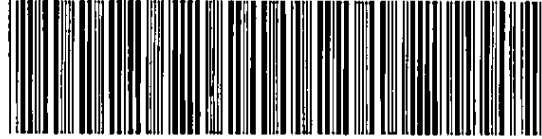
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600373069036

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RECEIVED

2021 SEP -9 AM 8:11

2021 SEP -9 PM 4:17

DEPARTMENT OF STATE
TALLAHASSEE, FL

REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

SEP 10 2021

SEP 10 2021



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

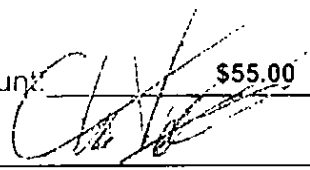
Date: 09/09/2021

Name: Chris Vick

Reference #: 1472916

Entity Name: MEACO, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFIED COPY UPON FILING

Authorized Amount:  \$55.00

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEACO, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICK MARSICO

Name of Person

HUCK BOUMA PC

Firm/Company

1755 S NAPERVILLE RD STE 200

Address

WHEATON, IL 60189

City/State and Zip Code

nmarsico@huckbouma.com

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

For further information concerning this matter, please call:

KATI METZLER at (630) 344-1159

Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MEACO, LLC

Enter new principal office address, if applicable: 6703 14TH STREET WEST

*(Principal office address
MUST BE A STREET ADDRESS)*

UNIT 214

BRADENTON, FL 34207

Enter new mailing address, if applicable:

*(Mailing address
MAY BE A POST OFFICE BOX)*

6703 14TH STREET WEST

UNIT 214

BRADENTON, FL 34207

2. The Florida document number of this limited liability company is: M21000010229

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 7/23/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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

2021 SEP 29 AM 10:11
STATE
SECRETARY
FL
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MADELINE LONG	6703 14TH STREET WEST, UNIT 214	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Nick Marsico
 Signature of the authorized representative

NICK MARSICO
 Typed or printed name of signee

Filing Fee: \$25.00