

✓
L01000021210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

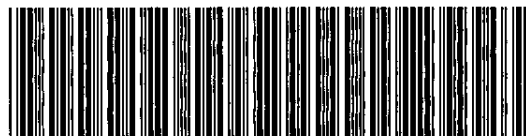
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY - 7 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICROELEC SERVICE GROUP, 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:

Fernando Feltrin

Name of Person

Microelec LLC

Firm/Company

1121 Oriole Ave

Address

Miami Springs, FL, 33166

City/State and Zip Code

fernando@microelec-us.com

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

For further information concerning this matter, please call:

Fernando Feltrin

Name of Person

at (305)

805-3747

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MICROELEC SERVICE GROUP, 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 Dec 7, 2001 and assigned
Florida document number L01000021210.

This amendment is submitted to amend the following:

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

MICROELEC LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1145 West 29th Street

Hialeah, FL, 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1121 Oriole Ave.

Miami Springs, FL, 33166

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TALLAHASSEE, FLORIDA

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:

Silvia A. Feltrin

New Registered Office Address:

1121 Oriole Ave.

Enter Florida street address

Miami Springs

Florida

33166

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

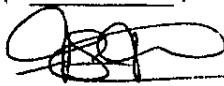
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Silvia A. Feltrin	1121 Oriole Ave. Miami Springs, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gabriel Feltrin	80 SW 8th Street Suite 2157 Miami, FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Fernando Feltrin	1121 Oriole Ave. Miami Springs, FL 33166	<input checked="" 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

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

Dated April 28, 2012



Signature of a member or authorized representative of a member

Gabriel Feltrin

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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