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COVER LETTER

TO: Registration Section **Division of Corporations**

MEP Southeast, 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:

Melanie Poltevecque			
Name of Person			
MEP Southeast, LLC			
Firm/Company			
8539 Congressional Drive			
Address			
Tallahassee, FL 32312			
City/State and Zip Code			

rkp@mepsoutheast.com

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

For further information concerning this matter, please call:

Richard	Poltevecque
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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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEP Southeast, PLC			
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liab	pility Company were filed on September 14, 2006	_ and ass	igned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u> l	he limited liability company here:		
MEP Southeast, LLC			
The new name must be distinguishable and end with t 'L.L.C."	the words "Limited Liability Company," the designation "LL	C" or the a	bbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	283		
Manning numress MATT BE 71 TOST OF FICE BU	<u></u>		
	• -		
B. If amending the registered agent and/or	registered office address on our records, enter the	name o	f the new
egistered agent and/or the new registered offic	e address here:	1	
	:	555 3	
Name of New Registered Agent:			; ;
N		- C1	
New Registered Office Address:	Enter Florida street addre.	<u> </u>	, .
	Emer Prorida Mreel daare.	, <u> </u>	***
	, Florida	<u> </u>	89.45
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGRM	Name Melanie Poltevecque	Address 8539 Congressional Drive	Type of Action
	<u> </u>	Tallahassee, FL 32312	Add Remove
	·		_ Add
			Remove
		•	Add Remove
			Add
			Remove
			Add Remove
			Add Remove

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

Company has changed from a single-member professional limited liability company to a multi-member limited liability company.

There are currently two members - Melanie Poltevecque, who owns 51% of the company, and Richard Poltevecque, who owns 49% of the company.

 $_{\mathrm{Dated}}$ March 13

2013

Signature of a member or authorized representative of a member

Melanie Poltevecque, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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