106000090197

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



600265722596

12/31/14--01001--003 **25.00

HOT ACTEMOED TO ACKNOWLEDGE SUFFICIENCY OF FILIN

ME OF TOPPORATION OF CORPORATION

14 DEC 30 PH 2: 10
SEGRETARY OF STATE
ALLIAHASSE OF STATE

T. Burch DEP 3 0 20 W

COVER LETTER

то:	Registration Secti Division of Corpo		
eun ur	MEP South	heast, LLC	
SUBJE	C1:	Name of Limited Liability Company	
The end	losed Articles of An	mendment and fee(s) are submitted for filing.	
Please r	eturn all correspond	dence 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 furt	her information cond	cerning this matter, please call:	
Richa	rd Poltevecque	850 668-0186	
	Name of Po	at () Area Code Daytime Telephone Number	
Enclose	d is a check for the t	following amount:	
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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, LLC		
(Name of the Limited Liabili (A Florida	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L0600090187	Company were filed on September 14, 2006 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	nited liability company here:	
The new name must be distinguishable and end with the words "Lir	imited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	ALCO 14	
(Principal office address MUST BE A STREET ADDR		
	TARY ASSET	The section
Enter new mailing address, if applicable:	OF S	
(Mailing address MAY BE A POST OFFICE BOX)	ORIDATE DE LORIDA	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name	of the n
registered agent under the new registered office add	<u>ness nere</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	timet i minati mivei taduess	
	, Florida City Zip Code	
	City Zip Code	5

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> **AMBR** Kyle Poltevecque 8539 Congressional Drive Add A Tallahassee, FL 32312 □ Remove □ Add ☐ Remove AR PH Repove TORIDA □ Add ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove

. ·	tion, enter change(s) here: (Attach additional sheets. if necessary rrently has three members - Melanie Poltevecque, who
owns 51% of the LLC	, Richard Poltevecque, who owns 34% of the LLC, and
Kyle Poltevecque, who	o owns 15% of the LLC. Melanie Poltevecque is the
CEO and Managing M	lember, Richard Poltevecque is the COO and Member
	is the Commissioning Technician and Member.
Effective date, if other than the	date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if other than the	date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if other than the The effective date must be specific, cannut the date this document is filed by the File December 30	date of filing:(optional) not be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)
Effective date, if other than the The effective date must be specific, cannot the date this document is filed by the Florated December 30	date of filing:(optional) not be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)

Page 3 of 3

Filing Fee: \$25.00