

L10000068443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

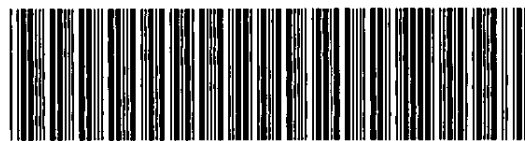
(Business Entity Name)

(Document Number)

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MAR 23 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FL 32301
17 MAR 22 AM 10:15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEPABU, 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:

SUSANA O. LAGOS

Name of Person

Firm/Company

1401 S. FEDERAL HIGHWAY, #218

Address

BOCA RATON, FLORIDA 33432

City/State and Zip Code

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

For further information concerning this matter, please call:

SUSANA O. LAGOS

305 300-1835

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
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SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAR 22 AM 10:15

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

MEPABU, 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 JUNE 28, 2010 and assigned
Florida document number L10000068443.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

1401 S. FEDERAL HIGHWAY, #218

BOCA RATON, FLORIDA 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1401 S. FEDERAL HIGHWAY, #218

BOCA RATON, FLORIDA 33432

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:

SILVINA MARCELA GAUNA

New Registered Office Address:

1401 S. FEDERAL HIGHWAY, #218

Enter Florida street address

BOCA RATON

, Florida 33432

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SILVINA MARCELA GAUNA	1401 S. FEDERAL HWY.,#218	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
OFFICE OF THE
17 MAR 22 AM 10:15
TALLAHASSEE, FL 32310

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 22 AM 10:15

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____

SUSANA O. LAGOS

Typed or printed name of signee