L11000018580

Office Use Only



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2013 OCT 17 PM 1:59

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D. SRUCE

COVER LETTER

Division of Cor	rporations							
SUBJECT:	MEP DE	SIGN,	LLC					
	Name of Limit	ed Liabili	ity Compa	any				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for	filing.					
Please return all correspondent	ondence concerning this matter	to the foll	owing:					
			SPASO					
		Nair	ne of Perso	n				
		MEP I	DESIGN	, LLC				
		Firn	n/Company	ÿ				
	804	1 CT 6	th co	TTOTT				
			Address	OKI				
	FORT L			FL - 33301				
		City/Stat	c and Zip (Code				
				YAHOO.COM		(2) 1 (6)	2	
	E-mail address: (to	o be usea i	or future a	nnual report notificati	ion)	Trida Estas	8	
For further information of	concerning this matter, please co	ılt:					2013 OCT 17	Service.
JOE :	SPASOVSKI	at	, 561	707-6795		SE SE		ē Projec
	f Person	at		a Code & Daytime Te	elephone Number	FIGRID:	PH 1: 59	
Enclosed is a check for t	he following amount:					Cappy to 1		
\$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	Ce	00 Filing ertified Co Iditional c	Fee & opy sopy is enclosed)	□\$60.00 Filin Certificate Certified Cadditiona	of Status Copy		d)

MAILING ADDRESS:

TO:

Registration Section

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**

	DESIGN,				
(Name of the Limited Lia (A Flo	bility Company rida Limited Lia	as it now app bility Compan	ears on our reco	<u>rds.</u>)	-
The Articles of Organization for this Limited Liabil	ity Company v	vere filed on <u>F</u>	EBRUARY 1	4, 2011 and	assigned
Florida document number <u>L11000018580</u>	······································				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liabil	ity company l	<u>iere</u> :		
INTERNATIONAL CONSULTING H	ENGINEERS	& DESIGN	I, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	d Liability Con	npany," the design	nation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable	:	NA	W		
(Principal office address MUST BE A STREET A	DDRESS)			e e	
					201
				10 SH	
Enter new mailing address, if applicable:		NA		5	
(Mailing address MAY BE A POST OFFICE BOX	K)			ni-c	7
	_			75 H	e III
				<u> </u>	
B. If amending the registered agent and/or r			our records,	enter the naug	e of the new
registered agent and/or the new registered office	<u>address here</u> :				
Name of New Registered Agent:	NA		<u> </u>		
New Registered Office Address:	NA				
			Enter Florida sti	reet address	
_			, Flo	rida	
	· 	City		Zip C	ode
New Registered Agent's Signature, if changing Regis	tered 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, <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>	<u>Name</u>	Address	Type of Action
NA	NA	NA	Add
			Remove
			_
			Add
			Remove
			-
			_ L Add
		A = 11-11-11	Remove
			2013
			B _{dd}
		200 cm	Remoxe
		CORRECTION OF THE PROPERTY OF	1:59
			Add
			Remove
			Add
			Remove
			Kemove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NA
-	
_	
_	
ted	10/14/2013
	Thasosle
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member JOE SPASOVSKI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

