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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	automation Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose Melgoza		
		Name of Person	
	Melgtech Automation Serv	vices LLC	
		Firm/Company	
	3164 Peachtree Circle		
		Address	
	Davie, Florida 33328		
		City/State and Zip Code	
	melgoza@bellsouth.net		
For further information of		to be used for future annual report	iotification)
For further information c	oncerning this matter, please c	aii.	
Jose Melgoza		786 8531583 at ()	
Name o	f Person		time Telephone Number
Enclosed is a check for the	ne 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	Street Address Registration	Section
Division of C	orporations	Division of C	corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our red ability Company)	cords.)
The Articles of Organization for this Limited Liability Company v Florida document number L11000054560	were filed on May 9, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Melgtech Enterprises LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)		2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		, Florida
	City	Zip Code

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>	Address	Type of Action
CEO	Jose Melgoza		□Add
			□Remove
		<u> </u>	Change
GMGR	Daniel Melgoza	3164 PEACHTREE CIR	= Add
		3164 PEACHTREE CIR DAVIE, FL 33328	□Remove
			□Change
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f an effective date is listed. Note: If the date inserte	the date of filing:
e record specifies a delay d is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 8	2020
	John Melatza
	Signature of a member or authorized representative of a member
	(-2)

D:1: E 655.04