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SECRETARY OF STATE
TALL AHASSEF FLORIDA

K.SALY EXAMINER APR 18 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT.

MECCO Sales, 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:

Tommy D. Permenter, Jr., Esquire

Name of Person

The Permenter Law Firm, P.A.

Firm/Company

2201 S.E. 30th Avenue, Suite 202

Address

Ocala, Florida 34471

City/State and Zip Code

Tommy@Permenterlaw.com

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

- For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esquire

352 622-1811

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

FILED

13 APR 17 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MECCO Sales, 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	y Company were filed on July 27, 2011	and assigned
Florida document number L11000086514		
This amendment is submitted to amend the following	3 :	
A. If amending name, enter the new name of the l	limited liability company here:	
M.E.C.CO. Sales, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	

B. If amending the registered agent and/or re	mistored office address on our records ente	r the name of the new
registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
	, Florida	
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	,		Add
			Remove
			
			Add
			Remove
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			Remove
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			Remove
			Add
			Remove
			<u> </u>

). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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o _{ated} Ma	arch //31 // 2013
	Signature of a member or authorized representative of a member Mary Ellen Coenén
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00