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COVER LETTER

TO: Registratio Division of	n Section Corporations			•	
SUBJECT: M	ercedes En	HUPTISE of Limited Liability Cor	<u>Service</u>	5 LLC.	,
		,			
The enclosed Articles	s of Amendment and fee(s) a	re submitted for filing	•		
	espondence concerning this i	_			ü
	Mer	LL des Name of F	Person YOUN	~g	
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For further information	on concerning this matter, pl	ease call:	;*. · · · .	, , ,	*
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Naı	ne of Person	Area	Code Daytime	Telephone Number	
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Enclosed is a check f	or the following amount:	-	,	•	
□ \$25.00 Filing Fee	\$30.00 Filing Fee Certificate of Sta	tus Certified		□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	us &
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Re _i Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327		STREET/COURIE Registration Section Division of Corpora Clifton Building		•

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morce Acs Entubrise Services // C. (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 <u>09-07-20//</u> and assigned Florida document number <u>2/1000/02/94</u> .
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 Abreviation "L.L."
Enter new principal offices address, if applicable: 3800 N. N. C. B. R. A. IVE
(Principal office address MUST BE A STREET ADDRESS) Tampa FL. 138689
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) WY CEDES Enterprise Solvices 2639 PO. Box Lutz FC. 33548
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: SRINIVAS MEKA
New Registered Office Address: 3800 N NEBRASKA AVE. TAMPA FL 33603 Enter Florida street address
TAMPA , Florida FL 33663

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

MGR = Mai AMBR = Aut	nager thorized Member	÷		
<u>Title</u>	<u>Name</u>	• •	Address	Type of Action
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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