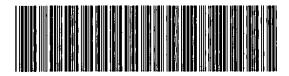
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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ALLAHASSEF FI OFINA

J. HARRIS

COVER LETTER

| | egistration Section vision of Corporation | ıs | | u | | | |
|--|--|--|---|--|--|--|--|
| SUBJECT | : | | Contractor Limited Liability Company | is, LLC | | | |
| The enclose | ed Articles of Amendm | ent and fee(s) are s | submitted for filing. | | | | |
| Please retur | n all correspondence c | oncerning this matt | ter to the following: | | | | |
| | | Joan. | - Carlos Y Name of Person | Mereles | | | |
| | | M3 | Contracto Firm/Company | ors, LLC | | | |
| | | 9567 | Coral W | Day #371 | | | |
| | | Mian | City/State and Zip Code | 33155 | | | |
| | 7 | E-mail address | csmereles (to be used for future annual ren | samal.com | | | |
| For further information concerning this matter, please call: | | | | | | | |
| Luan | Name of Person | Mere! | Area Code | Daytime Telephone Number | | | |
| Enclosed is | a check for the followi | ng amount: | | | | | |
| \$25.00 | _ | 0.00 Filing Fee & ertificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | 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

| M3 Co. | ntractors, LLC | 2 | | |
|---|--|---------------|----------|------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) itted Liability Company) | | | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000116</u> .C | pany were filed on $10/21/1$ | a | nd assi | igned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | | |
| M3 Serv | vices, LLC | _ | | |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" or the | e abbreviat | ion "L.I | L.C." |
| Enter new principal offices address, if applicable: | | N A | 201 | |
| (Principal office address MUST BE A STREET ADDRESS | 5) | [-7] >> ₹€ | 7 3 | |
| _ | | 大学 | 7 | White late |
| | | 3SE Y | 9 | |
| Enter new mailing address, if applicable: | | | X | m |
| (Mailing address MAY BE A POST OFFICE BOX) | | 25.5 25.5 | <u> </u> | |
| Transity warress MIT BENTOST OFFICE BOXY | - | - Dm | 29 | |
| | | | | |
| B. If amending the registered agent and/or registered | d office address on our records, en | ter the n | ame (| of the nev |
| registered agent and/or the new registered office address | <u>here</u> : | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | · | | _ |
| | Enter Florida street 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 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 |
|--------------|-------------|---------|--|
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| Note: I locume le rec | ve date, if other ective date is listed, if the date inserte ent's effective date ord specifies a 90th day after | d in this block do e on the Departm a delayed effe | es not meet the ent of State's r ctive date, | e applicable stat records. | atory filing rea | quirements, this | s date will no | ot be list | ed as |
| Dated _ | May | 22 | , 20 | 517 | , | | -44 | | |
| | | | ·/cms | 0 M | | / | ∀ [[| 2017 | - |
| | | Signate | urcof a member | or authorized re | presentative of a | member | AHA | 2017 HAY | |
| | | Juan | n-Ca | or printed name | Nerel | es | SSE SSE | 26 | F |
| | | | Typed | or printed name | of signee | | 14 P | AM 10: 29 | M |
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| | | | | Page 3 of 3 | • | | 2 7 | ~ | |

Filing Fee: \$25.00