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#### IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW BAYLEE EXECUTIVE CENTER • SUITE 225 16375 NORTHEAST 18™ AVENUE NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO BAYLEE L. SHIENBAUM DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: office@irarshapiropa.com

September 10, 2019

VIA FEDEX 776210799391

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: MEC Miami, LLC

Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for MEC Miami, LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,

IRA R. SHAPIRO

IRS/sa

### **COVER LETTER**

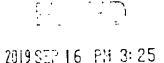
TO:	Registration Se Division of Cor			
SUBJI	MEC MIA	MI, LLC		
30 DJ1	EC1	Name of Limi	ited Liability Company	- <del></del>
		Amendment and fee(s) are submodence concerning this matter		
i ica.sc	Tetam an concespo	IRA R. SHAPIRO	···· · · · · · · · · · · · · · · · ·	
			Name of Person	<del></del>
		IRA R. SHAPRIO, P.A.		
		-	Firm/Company	2.11
		16375 NE 18th AVENUE,	SUITE 225	
			Address	<del></del>
		NORTH MIAMI BEACH,	, FL 33162	
			City/State and Zip Code	<del>-                                    </del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
IRA F	R. SHAPIRO		305 944-3936	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:		
<b>≘</b> \$2	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



MEC MIAMI, LLC	ad Liability Comma	ny ac it now annears on or	ur records.)
(Name of the Limi	(A Florida Limited I	ny as it now appears on ou Liability Company)	<u>, , , , , , , , , , , , , , , , , , , </u>
The Articles of Organization for this Limited L Florida document number L12000009291		were filed on JANUAR	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	3140 NE 212 ST	
Principal office address MUST BE A STREE		AVENTURA, FL 331	80
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		3140 NE 212 ST	
		AVENTURA, FL 331	80
	<del></del>		
3. If amending the registered agent and registered agent and/or the new registered of	Vor registered o	ffice address on our <u>e</u> :	records, enter the name of the
Name of New Registered Agent:	IRA R SHAPI	RO, P.A.	
New Registered Office Address:	16375 NE 18T	H AVE, SUITE 225	
<u></u>	<del></del>	Enter Florida str	ect address
	NORTH MIAN	л веасн	, Florida <sup>33162</sup>
		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

Title Title	<u>Name</u>	Address	Type of Action
MGR	JORGE NOVARA	3140 NE 212 ST	
	MATERIAL CO.	AVENTURA, FL 33180	
		AVENTORA, PL 33180	■ Remove
			a remote
			☐ Change
MGR	CESAR JORGE NOVARA	3140 NE 212 ST	
<del></del>		AVENTURA, FL 33180	□ Add
		AVENTURA, PL 33180	☐ Remove
			D Remove
			☐ Change
MGR	PABLO ROBERTO GODOY	3140 NE 212 ST	
<del></del>		AMENITURA DI 22100	
		AVENTURA, FL 33180	□ Remove
			Li Kellove
			Change
MGR	LUCAS BRIANT NOVARA	3140 NE 212 ST	
		AVENTURA, FL 33180	Add
		AVENTURA, PL 33180	□ Remove
			CREMOVE
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Effective	e date, if other than the date of filing:	(optional)
ir an erreci	ctive date is listed, the date must be specific and cannot be prior to date if the date inserted in this block does not meet the applicable s	of filing or more than 90 days after filing.) Pursuant to 605.0203
documen	nt's effective date on the Department of State's records.	taddiny thing requirements, this date will not be fixed as
he reco The 9	ord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier o
	S . / // 2019	
Dated	Sept. 10 . 2019	
	Sept. 10 2019	
	free the second	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00