

L13000048540 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

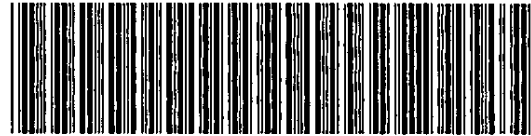
(Business Entity Name)

(Document Number)

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2013 JUL 23 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUL 24 2013  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MC RECOVERY I, 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:

MARCO REIS

Name of Person

USA TAX CORP

Firm/Company

591 E SAMPLE RD

Address

POMPANO BEACH FL 33064

City/State and Zip Code

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

For further information concerning this matter, please call:

MARCO REIS

Name of Person

at 954 788-1818

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MC RECOVERY I, 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 Company were filed on 04-02-2013 and assigned  
Florida document number L13000048540

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**MEC LOGISTICS, LLC**

The new name must be distinguishable and end with the words "Limited Liability 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)**

**2661 NORTH EAST 18TH STREET**

**POMPANO BEACH FL 33062**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**2661 NORTH EAST 18TH STREET**

**POMPANO BEACH FL 33062**

**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:**

**New Registered Office Address:**

**2661 NORTH EAST 18TH STREET**

*Enter Florida street address*

**POMPANO BEACH**

**, Florida 33062**

*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 Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTONIO C DA COSTA	9186 SEDGEWOOD DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Remove
MGR	ANTONIO C DA COSTA	2661 NORTH EAST 18TH STREET	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33062	<input type="checkbox"/> Remove
MGR	MARCELO COSTA	6750 N ANDREWS # 201	<input type="checkbox"/> Add
		FORT LAUDERDALE , FL 33309	<input checked="" type="checkbox"/> Remove
T	ELIANA C COSTA	2661 NORTH EAST 18TH STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Remove
MGR	ELIANA C COSTA	2661 NORTH EAST 18TH STREET	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33062	<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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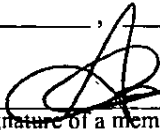
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

**PRESIDENT - Antonio C da Costa**

Typed or printed name of signee

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Filing Fee: \$25.00

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