

L13000155276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

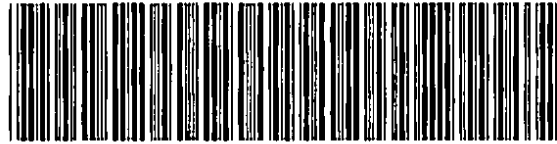
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/2019 10:01:01 AM

2020 JUN 23 PM 12:08

Amend/cc
ccs

JUN 19 2020
CALIFORNIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

Men Power Direct Company, LLC

SUBJECT: _____
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:

Siril Bayas

Name of Person

Men Power Direct Company, LLC

Firm/Company

3813 NW 76th Way

Address

Hollywood, Florida 33024

City/State and Zip Code

mpdcllc@gmail.com

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

For further information concerning this matter, please call:

Siril Bayas

954

888 8801

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

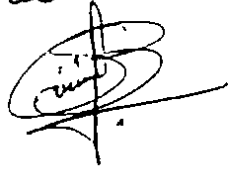
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Copy
I made The corrections*



October 6, 2020

SIRIL BAYAS
3813 NW 76TH WAY
HOLLYWOOD, FL 33024

SUBJECT: MEN POWER DIRECT COMPANY, LLC
Ref. Number: L13000155276

We have received your document for MEN POWER DIRECT COMPANY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):
I certify the attached are true and correct copies of Articles of Merger, filed on , as shown by records of this office.

Please be specific in your intention by checking only 1(one) box regarding the manager/members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 820A00019371

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

Men Power Direct Company, 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 11 / 05 / 2013 and assigned
Florida document number L13000155276

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

. 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:

Enter Florida street address

_____, Florida _____
City Zip Code

With 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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1GR = Manager

2MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MO F RETIRING OFFICER	Augustin, Yola Chantal	342 Madison Ave West Hempstead, NY. 11552	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
HR F HUMAN OURCES	Cinord, Christifor	6500 Abor Drive, Miramar, FL. 33023	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
B&SO BUYER ELLETS ICER	Pierre, Rigaud	7517 SW 8th Street, North Lauderdale, FL. 33068	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
B&SO T. BUYER ELLETS ICER	Marcelin, Jean Emmanuel	610 NW 14th Court, Deerfield Beach, FL. 33341	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
FO Chief IAL ICER	Marcelin, Jean Emmanuel	610 NW 14th Court, Deerfield Beach, FL. 33341	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P ice IDENT	Metellus, Davidson	1022 N Main Street, Brockton, MA. 02301	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

Siril Bayas

Typed or printed name of signee

8/17/2020