L14000001270

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COVER LETTER

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SUBJECT:	ME Indus	tries LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	lindy Elfane Name of Person	<u> </u>
(additional copy is enclosed) Certified Copy			
	797	O Windower Address	Way
	Titusu	ville FL 327 City/State and Zip Code and @ earthlin	180 IK.net
For further information of			fication)
Mindy Namic o	Elfand f Person	at (321) 576 Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
₹ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Registration S Division of C	Section Corporations	Registration Sec Division of Cor	porations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ME ladus is (Name of the Limited Liability Co (A Florida Lim		our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number $\underline{L14000001270}$.	oany were filed on/	13/2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		28
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	2
Enter new mailing address, if applicable:		00
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		, Florida
	Ciţ	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	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Alan Sneller	7970 Windover Way	□Add
		Titusville, FL 32780	
			□Change
			□Add
			□Remove
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ive date, if other than the date of filing:	
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a ed.	fter the
Dec 15. 2020.	
Signature of a member or authorized representative of a member	
e d	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lent's effective date on the Department of State's records.  If specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a

Filing Fee: \$25.00