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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2014

LIUDVIKA VILCINSKAS 5020 CLARK SARASOTA, FL 34233

SUBJECT: ME TLC, LLC Ref. Number: L14000016138

We have received your document for ME TLC, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 714A00015368

2014 JUL 31 PM 4: 26

COVER LETTER

Division of Corp	oorations			
SUBJECT: M	E TLC LL C Name of Limit			
	Name of Limit	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
		Name of Person		
		Name of Person		
	POWER	SAYERS LL C		
	<u> </u>	Firm/Company		
	.50 DO CLA	R K Address		
	,	Address		
	BARASOTA	, FL, 34233 City/State and Zip Code		
	· · · · ·	City/State and Zip Code		
	TLCNI	De used for future annual report notification	2	
	E-mail address: (to	be used for future annual report notification	on)	
For further information co	encerning this matter, please ca	II:		
LIUDUIK- Ju	era Vilcinsk	at (941) 444 Area Code Daytime Tele	1925 ephone Number	
		·	21	13877 P.
Enclosed is a check for the	e following amount:			-
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is entered sed)	
			<u>≅</u>	

MAILING ADDRESS:

TO:

Registration Section

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

ME 7LC LLC					
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it ida Limited Liability	now appears on our recompany)	cords.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 14 0000 1613</u> This amendment is submitted to amend the following:	Company were fi			and assign	ed
A. If amending name, enter the new name of the lin	mited liability co	mpany here:			
The new name must be distinguishable and end with the words "l	Limited Liability Con	npany," the designation	"LLC" or the ab	breviation "L.L.C	2."
Enter new principal offices address, if applicable:	-				
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reg		dress on our reco	ords, <u>enter</u> (the name of	the new
Name of New Registered Agent:	POWER	3 AVERS	LLe	2014	
New Registered Office Address:		same			SEEDMONT.
Non Registered Office Pradiciss.		Enter Florida street ad		- SS - 3	-
<u></u>	City	,	, Florida	Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:			· 2	Team.
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to ac complete perfori agent as provide red office addres e.	nance of my duties d for in Chapter 60	, and I am for 05, F.S. Or, it that the lim	imiliar with a f this docume fted liability	nd

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager'or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mount.	ACHNED TAKA	-50W CLARK	hAdd
		54RB SOT B FL, 34230	.cemove
Henler.	ALIGUILI ZAMEL	not known	
			Remove
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ffective date, if other than the date of filing:	7		(optional)
he effective date must be enecific cannot be prior to date of res	eint or filed date and o	annot be more than	90 days after
he date this decorrect is filed by the Floride Department of Ste	(to)		
he date this document is filed by the Florida Department of Sta	ite)		
he date this document is filed by the Florida Department of Sta	ite)		
he date this document is filed by the Florida Department of Sta	ite)	——————————————————————————————————————	
he date this document is filed by the Florida Department of Sta			

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Filing Fee: \$25.00

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