

L140000037520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

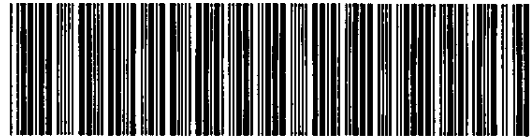
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300260113013

05/14/14--01013--016 **25.00

FILED
14 MAY 14 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2014

T. BROWN

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.102 FAX: (800) 388-0330
EMAIL: vsalazar@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REQUEST FILING SERVICE

DATE: 5/08/2014

FROM: VICTORIA SALAZAR

Client Matter:

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: - MECK LLC

Enclosed is one of the following: **(1) Articles of Organization**

Return request with filing: **(1) Plain Endorsed Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: ()

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MECR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 MAY 14 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/06/2014 and assigned
Florida document number L14000037520

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Anastasia Endryu

New Registered Office Address:

2880 W. Oakland Park Blvd. Suite 201

Enter Florida street address

Fort Lauderdale

City

Florida 33311

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 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 = Authorized Member

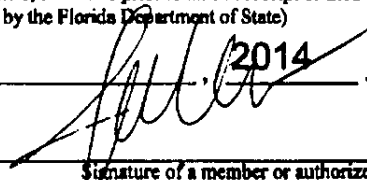
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anastasia Endryu	2880 W. Oakland Park	<input checked="" type="checkbox"/> Add
		Blvd. Suite 201	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33311	
AMBR	Burtay Arat	2880 W. Oakland Park	<input type="checkbox"/> Add
		Blvd. Suite 201	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33311	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 07 2014



Signature of a member or authorized representative of a member

Anastasia Endryu Member

Typed or printed name of signee