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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Necc Investments, 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:
Crustina Montos Anador, Esq. Name of Person
CMA Immigration & legal feerles, P.A.
1395 BRICKEN Ave. Stz 900 Address
Miami, Ft, 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CRUSTINA MMHO AMADOR at (305) 504 · 47 K 3 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>MECC Investments, L</u>	LC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1140017570	were filed on <u>08/14/201</u>	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	3418 Wast 84th	SHEET	
(Principal office address MUST BE A STREET ADDRESS)	Suite 104 Hialeah, FL, 330	218	
Enter new mailing address, if applicable:		**************************************	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of	the new
New Registered Office Address:		\$2 2	renazan
	Enter Florida street address, Florida	7 AM	TT:
New Registered Agent's Signature, if changing Registered Agent:	City	STIP Code	Edg. 3
I haveby accent the appointment as registered agent and agree	ea to act in this canacity. I further a	aaree to compl	with the

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 = M $AMBR = A$	anager. uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and car	nnot be prior to date of fil	ing or more than 90 days af	tional) ter filing.) Pursuant to 605.02
te: If the date inserted in this block does not mee cument's effective date on the Department of Stat	t the applicable statuto	ry filing requirements, t	his date will not be listed
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Filing Fee: \$25.00