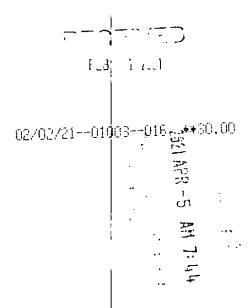
L14 000 132 098

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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O SIMMON: APR 28 2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2021

ELAINE JONES 6900 RAPID DOVER DR JACKSONVILLE, FL 32219

SUBJECT: M&E TECHNOLGIES & COMMUNICATIONS LLC

Ref. Number: L14000132098

We have received your document for M&E TECHNOLGIES & COMMUNICATIONS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 121A00005792

RECEIVED

121 APR -5 PH 1: 09

3ECAL MANAGEMENT

COVER LETTER

TO: Registration Division of 0	n Section Corporations		·
SUBJECT:	1&E TechCom LLC		
SUDJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Elaine Jone	s	
		Name of Person	
	M&E Technologies at	nd Communications LLC	
		Firm/Company	
	6900 Rapid Rover Drive	•	
	11.6	Address	
	Jacksonville, Florida, 322	19	
		City/State and Zip Code	<u> </u>
	mlj27611@gmail.com		
Kar burhar interments	κ -mail address: (in concerning this matter, please ϵ	to be used for future annual report no	ottheation)
	n concerning this matter, please c		
Elaine Jones		at ()	25-2390
Nam	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	t the following amount:		
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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	
		Tallahaceno El 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&E Technologies and Communications 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 Jan 07/2021 and assigned Florida document number $\frac{114000132098}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M&F TechCom LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of 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: New Registered Office Address: Enter Florida street address 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 jamiliar 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 | Name **Address Type of Action** y. i. : □Add _ □Remove □ Change __ 🗆 Add Remove \Box Add □ Remove _ 🗆 Change __ □Add □Remove □ Change \square Add Remove _ □Change _ □Add _ 🗆 Remove

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