

L14000148648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

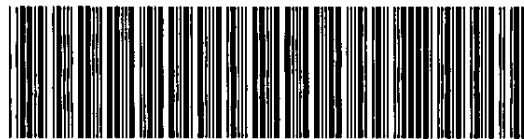
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 25 PM 1:45

NOV 25 2014  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEP Home Services 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:

Rafael Apitz

\_\_\_\_\_  
Name of Person

MEP Home Services LLC

\_\_\_\_\_  
Firm/Company

20956 Sheridan St

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33332

\_\_\_\_\_  
City/State and Zip Code

rjapitz@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Apitz

954

330-2339

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**TO  
ARTICLES OF ORGANIZATION  
OF**

**MEP Home Services 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 9/23/14 and assigned  
Florida document number L14000148648.

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)

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DIVISION OF CORPORATE REGISTRATION

**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:

Rafael Apitz

New Registered Office Address:

20956 Sheridan St

*Enter Florida street address*

Fort Lauderdale

Florida 33332

*City*

*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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

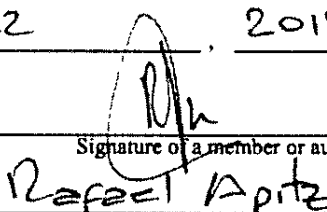
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Leo Reyes	20956 Sheridan St	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33332	<input checked="" type="checkbox"/> Remove
MGRM	Luis Sifontes	20956 Sheridan St	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33332	<input checked="" type="checkbox"/> Remove
MGRM	Mildred Perez	20956 Sheridan St	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33332	<input type="checkbox"/> Remove
MGRM	Roberto Path	20956 Sheridan St	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33332	<input checked="" type="checkbox"/> Remove
MGRM	Roberto Toth	20956 Sheridan St	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33332	<input type="checkbox"/> Remove
MGRM	Alejandro Diaz	20956 Sheridan St	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33332	<input type="checkbox"/> Remove

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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 10/22, 2014

  
Signature of a member or authorized representative of a member

Rafael Apitz  
Typed or printed name of signer

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Filing Fee: \$25.00

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