## L14000148648

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SECRETARY OF STATE
TALLEMATISTE FLORIDA

M. MILLIGAN EXAMINER

DEC - 3 2014

## **COVER LETTER**

TO: Registration Se Division of Cor					
MEP HC	ME SERVICES, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	•			
	APITZ, RAFAEL				
		Name of Person	<del>-</del>		
MEP HOME SERVICES, LLC					
Firm/Company					
	20956 SHERIDAN S	ST			
		Address	<del></del>		
	FORT LAUDERDAL	E, FL, 33332			
City/State and Zip Code					
	infomrrooterswf@gm	ail.com to be used for future annual report notifi	oution)		
For further information of	concerning this matter, please of	·	cation)		
APITZ, RAFAEL	oncoming this matter, prease of	954 7444142			
Name o	f Person		Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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**

: AR	TICLES OF ORGANIZATI	ION
	OF	2
MEP HOME SERVICES		
(Name of the Lin	mited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number L14000148648	Liability Company were filed on 09/2	23/2014 and assigned
Florida document number 2 1 1 3 3 1 1 3 5 1 5 5	·	
This amendment is submitted to amend the fe	ollowing:	R. Carlotte
A. If amending name, enter the new name	of the limited liability company here	::
		·
The new name must be distinguishable and end with the	he words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
_	• • •	
Enter new principal offices address, if app		
(Principal office address MUST BE A STRE	LET ADDRESS)	
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	E BOX)	
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on o office address here:	ur records, enter the name of the new
Name of New Registered Agent:	REYES, LEO	
New Registered Office Address:	APITZ, RAFAEL	
	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 register provisions of all statutes relative to the pro accept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my sistered agent as provided for in Cha evegistered office address, I hereby o	chities, and I am familiar with and opter 605. F.S. Or, if this document is confirm that the limited liability

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:

Title	Name	Address	Type of Action
MGRM	REYES, LEO	20956 SHERIDAN ST	
	·	FORT LAUDERDALE, FL 33332	■ Remove
MGRM	DIAZ, ALEJANDRO	20956 SHERIDAN ST	
		FORT LAUDERDALE, FL 33332	☐ Remove
MGRM	SIFONTES, ARTURO	20956 SHERIDAN ST	<b>#</b> Add
		FORT LAUDERDALE, FL 33332	
MGRM	SIFONTES, LUIS	20956 SHERIDAN ST	Add B
		FORT LAUDERDALE, FL 33332	Remove
MGRM	PATH, ROBERTO	20956 SHERIDAN ST	
		FORT LAUDERDALE, FL 33332	Remove
MGRM	TOTH, ROBERTO	20956 SHERIDAN ST	<b>a</b> Add
		FORT LAUDERDALE, FL 33332	D Remove

MGEN Midred, Perez Tort L. noinel. El