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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEC DESIGNS OF FLORIDA, I		any on it navy annears an avy	records \	
(Name of the Lim	(A Florida Limited	any as it now appears on our r Liability Company)	ecurus.)	
The Articles of Organization for this Limited I	_iability Company 	were filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	ility company here:		
			WILCON A ALL CONTROL OF LOUIS	
he new name must be distinguishable and contain the	words "Limited Liabi		"LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:		18098 43rd Road		
Principal office address MUST BE A STREET ADDRESS)		Loxahatchee, FL 33470	2015 FACL	
			> 20 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18098 43rd Road	SEP 17	
		Loxahatchee, FL 33470	To m	
			SZ #	
			DE 45	
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ords, enter the name of the	
	18098 43rd Ros	ad		
New Registered Office Address:	10070 4314 100	Enter Florida street a	ddress	
	Loxahatchee		_, Florida	
		City	Zip Code	
lew Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as registere	ed agent and agre	ee to act in this canacity	I further garee to comply with	
revisions of all statutes relative to the prop	er and complete	performance of my dutie	s, and I am familiar with and	

Il Changing Registered Agent, Signature of New Registered Agent

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accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Of 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Claudia Macdonald	18098 43rd Road	■ Add
		Loxahatchee, FL 33470	Remove
			Change
Mgr	MOLINA, JOSE L	130NW 69TH STREET	☐ Add
		FORT LAUDERDALE, FL 33309	■ Remove
			Change
Mgr	ESTRADA, GELBER	301SE 10TH AVENUE	
		POMPANO BEACH, FL 33060	■ Remove
			Change
Mgr	CANTE, ENRIQUE	1739SW 6TH ST DR.	
		POMPANO BEACH, FL 33060	■ Remove
			□ Change
		Ž	SEURE TARRY
			OF SHATE 15
			Remove
			Change

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	Dm 5
fective date, if other than the date of filing: $9-14-15$	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective t	ime at 12:01 a m on the earlier.
The 90th day after the record is filed.	inic, at 12.01 a.m. on the camer
Contombon Add 2015	
ted September / 4 2015	
Signature of a member or authorized representative	
Jesusan Condit!	

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Filing Fee: \$25.00