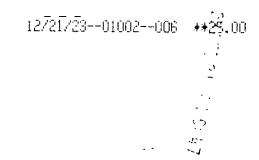
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		CERTIFIED COPY	
	XX	РНОТОСОРУ	
		GS	
	XX	FILING	LLC AMEND
1.		MEPCO USA, LLC	
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Registration Section

TO:

Division of Co	rporations		
MEPCO U	SA, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analogad Articles of	`Amendment and fee(s) are sub	and the first file of	
		-	
Please return all correspondence	ondence concerning this matter	to the following:	
	ESSAM KERAS		
		Name of Person	
	MK BOOKKEEPING SE	RVICES, LLC	
		Firm/Company	
	6741 LAND O LAKES B	LVD	
		Address	
	LAND O LAKES, FL 346	38	
		City/State and Zip Code	
	ESSAM@MKBKSERVIC		
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please c		
ESSAM KERAS		at () 368 - 2872 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he fallowing amount:		
	-	—	_
□ \$25.00 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		Street Address:	
Registration S Division of C		Registration Sect Division of Corp.	
DIA 1910H OLC	orporations	DIVISION OF COLD	OFMITTER

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID. 24D1 9199-05CF-4F92-B26D-10FDE60B64CA ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MEPCO USA, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000033731	were filed on 02/17/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	530 NE 14TH ST
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 34470
Enter new mailing address, if applicable:	5108 SW 115TH ST. RD
(Mailing address MAY BE A POST OFFICE BOX)	OCALA, FL 34476
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registere</u>
New Registered Office Address:	
rew registered office Address:	Enter Florida street address
	, Florida
	City 7m 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.

DocuSign Envelope ID: 24Drs 199-05CF-4F92-B26D-10FDE60B64CA
11 amenuing Authorized rerson(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>	Address	Type of Action
AMBR	HATEM ZUABI	5108 SW 115TH ST RD	
		OCALA. FL 34476	_
		-	■Change
			□Remove
		·····	Change
			□Remove
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