117000/64413

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| Mega Inter | rnational Consultants LLC | | |
| | Name of Lim | Name of Limited Liability Company and fee(s) are submitted for filing. The printing this matter to the following: Chan Name of Person Pernational Consultants LLC Firm/Company Address The printing this matter to the following: Chan Name of Person Pernational Consultants LLC Firm/Company City/State and Zip Code Schotmail.com E-mail address: (to be used for future annual report notification) State of the printing this matter to the following: City/State and Zip Code Schotmail.com E-mail address: (to be used for future annual report notification) State of the printing this matter to the following: Address City/State and Zip Code Schotmail.com E-mail address: (to be used for future annual report notification) | |
| | | - | |
| | Kai Hong Chan | to mo tonowing. | |
| | | Name of Person | |
| | Mega International Consul | tants LLC | |
| | Firm/Company | | |
| | 14-29 54th Street | | |
| | WA | | |
| | Whitestone, NY 1135 | | |
| | ceplastee88@hotmail.com | • | |
| For further information of | E-mail address: (concerning this matter, please co | | cation) |
| Kai Hong Chan | | 646 358-5959 | · |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | 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

TO:

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

| Mega International Consultants LLC | | | |
|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000164413</u> | and assigned | | |
| This amendment is submitted to amend the following: | | • | |
| A. If amending name, enter the new name of the limited liab | lity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or th | e abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | SE SE | |
| (Principal office address MUST BE A STREET ADDRESS) | | TA TORE | |
| | | 1 9A | |
| | | 200 200 200 | |
| Enter new mailing address, if applicable: | | RROPE ST | |
| (Mailing address MAY BE A POST OFFICE BOX) | | O OF | |
| [Mutting uturess MAT BE A POST OFFICE BOX) | - | in | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | | ter the name of the new | |
| | , Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | • | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I a provided for in Chapter 605, F.S. (| m familiar with and Or, if this document is | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|---------------------------|----------------|
| MGR | Waheed Waheedullah | 20 Colby Drive | |
| | | Dix Hills, New York 11746 | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| ٠ | | | □ Remove |
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| ctive date, if other than the | ust be specific and cannot be p block does not meet the ap | 8 prior to date of filing or more | (optional) than 90 days after filing.) Pursuant equirements, this date will not b | to 605.02 be listed a |
| record specifies a delay ne 90th day after the re | | not an effective tim | e, at 12:01 a.m. on the | earlier |
| ed May 2 | 2018 | · | | |
| | \mathcal{A} | | | |
| * | Jak In | authorized representative of | | |

Page 3 of 3

Filing Fee: \$25.00