## L17000218867

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:	Registration So Division of Cor			• <b>•</b>	
cubu	MTE Splic	ing LLC			
SUBJECT: Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Mickey Martin			
			Name of Person		
		MTE Splicing, LLC			
			Firm/Company		
1040 Grant Blvd					
			Address		
Lehigh Acres, FL 33974					
City/State and Zip Code					
			to be used for future annual report notif	ication)	
For fur	ther information c	concerning this matter, please c	all:		
Micke	y Martin		239 410-2158 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
F1-	and the second control of	l. C.H.			
		he following amount:			
<b>√</b> ⊠ 25	5.00 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

MTE Splicing LLC

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(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 Florida document number $\frac{L17000218867}{L17000218867}$ .	were filed on 10/23/20	017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	eet address
		Florida
	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

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	Mickey Martin	1040 Grant Blvd	≅ Add
		Lehigh Acres, Fl 33974	
MGR	Tracy Martin	1040 Grant Blvd	
		Lehigh Acres, FL 33974	<b>□</b> n
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
		···	□ Remove
			☐ Change
	<u> </u>		Add
			☐ Remove
			☐ Change
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	7-27
(If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Datec	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00