L18000134087

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Division of Co				٧
SUBJECT:	Meca Name of Lim	no Men. LE (ited Liability Company	<u></u>	7018 JUL
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	<u> </u>	JUN 20
Please return all correspondence	ondence concerning this matter	to the following:	· · · · · · · · · · · · · · · · · · ·	M (0: 37
	SHUKHRI	AT KHABIA Name of Person	BULLAEV	<u>ධ</u>
	Meca	rollen LL	<u>C</u>	
	955 Air	PORTRA	1223	<u></u>
	Destin	FL. 32 City/State and Zip Code	541	S KILL BL SLOWER DISEASE
	HSHUHAA E-mail address: (City/State and Zip Code 17/987 Ome to be used for future annual report noti	ail. All	ALEO TARY OF THE CORP 20 PM
For further information of	concerning this matter, please c			STA ORAI 2: 1
SHUKHLA?	T KHABIBULL of Person	AEVat (750) 8 30 Area Code Daytim	82 48 e Telephone Number	TONS
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 State Certified Copy (additional copy is enc	

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



Me canoll	en LLC
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L180001340</u>	y Company were filed on
This amendment is submitted to amend the following	r.
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DDRESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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

Title 0	Name	Address	Type of Action
AUTAOLIZE MEMBER	SHUKHKATKHABIB	Address ULLAEV 955AiRPORTA DEStin FL 32	10/1223 XVI
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			Change
		 	
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Filing Fee: \$25.00