

218000177852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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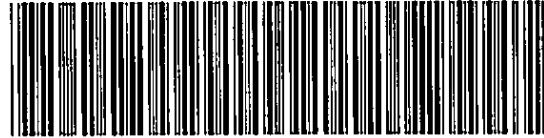
(Business Entity Name)

(Document Number)

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\$10 OCT - 3 A 10:17  
10/15/18

## COVER LETTER

**TQ:** Registration Section  
Division of Corporations

**SUBJECT:** M&E Contracting LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Savannah Shoe

\_\_\_\_\_  
Name of Person

M&E Contracting LLC

\_\_\_\_\_  
Firm/Company

PO Box 1191

\_\_\_\_\_  
Address

Morrisville NC 27560

\_\_\_\_\_  
City/State and Zip Code

s\_shoe\_01@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Savannah Shoe

252

241-9464

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

M&E Contracting LLC

(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 were filed on 07/23/2014 and assigned  
Florida document number 1.18000177858.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the 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 ADDRESS)

6210 County Rd 579

Seffner, FL 33584

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1191

Morrisville NC 27560

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Savannah Shoe

New Registered Office Address:

6210 County Rd 579

*Enter Florida street address*

Seffner

*City*

Florida 33584

*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>   | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|---------------|--|--|
| MGR          | Trikina Scott | 5434 36th CT E Unit 205<br>Ellenton FL 34222 | <input type="checkbox"/> Add               |
|              |               |  | <input checked="" type="checkbox"/> Remove |
|              |               |  | <input type="checkbox"/> Change            |
| MGR          | Savannah Shoe | 6210 County Rd 579<br>Seffner FL 33584       | <input checked="" type="checkbox"/> Add    |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

100-100000-3 A 11-17

September 21, 2018

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 21, 2018

Paul Sh

Signature of a member or authorized representative of a member

## Savannah Shoe

Typed or printed name of signee