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SECONDARY SECONDARY
ALLAMASSES 11 ORBIT

MAR 2 7 2019 S. YOUNG

COVER LETTER

Division of Cor			
SUBJECT:	MESA CONST	RUCTION PCB, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	GEO	Name of Person	
		Name of Person 1	
	MESA CON	ISTRUCTION PCB	LIC
		Firm/Company	
	120	29 SW 117 CT Address	
		MIAMI, FL. 331	606
	د د	City/State and Zip Code OGAN 1216 @ GMAIL	, coM
		tto be used for future annual report notifi	cation)
For further information c	oncerning this matter, please of	call:	
G. CART	ER LOGAN	at (305) 479 Area Code Daytime	-3232
Name o	d Person	Area Code Daytime	Telephone Number
Englosed 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 Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MESA CONSTRUCTION PCB 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 Compar Florida document number <u>L190003187</u> 9	ny were filed on <u>J</u>	AN 31 201	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the des	signation "LLC" or the	abbreviation L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			12: 2 F
			8 [
Enter new mailing address, if applicable:			6: 2
(Mailing address MAY BE A POST OFFICE BOX)			28
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address:	<u>ere</u> :		
	Enter Florid	la street address	
		Florida	2:- C-1:
New Registered Agent's Signature, if changing Registered Ager	·		zip Code
			l det et
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	te performance of n s provided for in Cl	ny duties, and Lai napter 605, F.S. C	n familiar with and Or, if this document is
IFC	hanging Registered Age	nt. 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	TOMAS MESA	12029 SW117 CT	MIAMI Fl. 3318(
			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change
			
			Remove
			Change
			Add
			Remove
			☐ Change

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Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli) The 90th day after the record is filed.	er of:
Dated MARCH 13 2019	
Signature of a member or authorized representative of a member	
GEORGE CARTER LOGAN	

Page 3 of 3

Filing Fee: \$25.00