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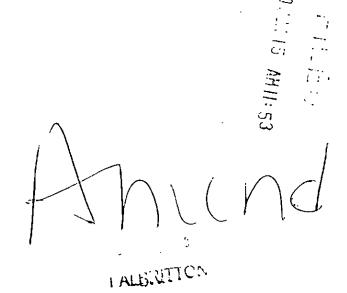
(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Se Division of Cor	porations	: ,	
SUBJECT:	Meca con	Sulting LLC	-
50001.011	Name of Lim	SVITING LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Carios	Name of Person	
		Firm/Company	
	4175 Sn) 96th Avenue	
	Mian	City/State and Zip Code	
		vill 4 n vev a \$ 9 @	
For further information co	oncerning this matter, please ca	all:	
Carlos Villa	h veva	at (786) 633. Area Code Daytime	9 0 4 1
rvaine of	T CISON	Airea Code Palytinic	retephone realityer
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sect	
Division of C	orporations	Division of Corpo	orations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mech con	sulting	LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now as nited Liability Compa	pears on our i my)	records.)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L1900034481</u> .	pany were filed or	. Febru	هدم با	201 and as	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	Hiability compan	y 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 ADDRES	<u></u>		 -	2	
				20	
				·	
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	-			<u> </u>	
			_	=	
				ဟ ယ	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on o	ur records, <u>c</u>	enter the na	ime of the no	ew registere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	Florida street d	iddress		
			_, 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	carlos Villanueva	7900 SW 77th Avenue	🗆 Add
		Miami, FL 33143	
		□Change	
			□Add
		□Remove	
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
		□Change	
		🗆 Add	
		□Remove	
		□ Change	
		□Add	
			□Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: Tune 2020 (optional) retive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record is til	I 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 ed.
Dated	June 6 2020 Rignature-of a member or authorized representative of a member
	Tamara MCL area Typed or printed name of signee

Filing Fee: \$25.00