# L19000141675

(Re	questor's Name)	
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Amendicas

JUN 25 2019 I ALBRITTON

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	MEC PAN, LL	0	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	<u>Efthimio</u>	S KALAUROUZIOT	Σ.
	ME	EC PAN, LLC Firm/Company	
	3	ROSE COURT	
	MORRIS	PLAINS, NJ (City/State and Zip Code	07950
	E-mail address; ()	O Be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
<u>Efthimic</u> Name	OS KALAVYOUZIOH	at ( <u>973</u> ) 229-	5638 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)	S60.00 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

MEC	2 PAN, LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our (Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 19 000 14 l</u>	pility Company were filed on $05/2$	$\frac{28/2019}{}$ and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		2019	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	_	records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cirv	, Florida 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 adde or removed from our records:			
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christina Kalavrouziotis	3 ROSE COURT	Add
		MORRIS PLAINS, NJO	7950 Remove
			Change
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If an effective <b>Note:</b> If the	te, if other than the date of date is listed, the date must be spe- date inserted in this block doc effective date on the Departme	cific and cannot be pr es not meet the app	licable statutory filir	option (option or than 90 days after ag requirements, this	filing.) Pursuant to 60	5.0207 ( ted as t
	specifies a delayed effect day after the record is		not an effective	time, at 12:01 a	i.m. on the earl	ier of:
)ated	June 4	2019 1 22 re of a member or at	q	of a member		
_	r (1)	ire of a member or au	١.	cofa member		

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Filing Fee: \$25.00