## L19000173862

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## COVER LETTER

| TO: Registration Se<br>Division of Cor |   | <del></del>   | 75 S≱  |         |
|--|---|---|--|---------|
| TM SYSTM SUBJECT:                      | MES AMERICA LLC                                 |   |  |         |
| ,500gr.C1.                             | Name of Lim                                     | nied Liability Company  |  |         |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |  |         |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |         |
|  | Martin Delloca                                  |   |  |         |
|  | Mdell Consulting Corp                           | Name of Person  |  |         |
|  | 777 Brickell Ave Ste 1210                       | Firm/Company  |  |         |
|  | Miami, Fl. 33131                                | Address   |  |         |
|  | HALLE ASSESSED ES                               | City/State and Zip Code  DENHAL MGE HOCO  to be used for future annual report notif | @mdellconsutting.  | 2       |
| For further information e              | oncerning this matter, please c                 | all:  | \$5 \\ \text{S} \\ | <u></u> |
| Martin Delloca                         |   | 305 607-3493  |  |         |
| Name o                                 | of Person                                       |   | Telephone Number   |         |
| Enclosed is a check for the            | he following amount:                            |   | ý.   |         |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TM SYSTEMS AMERICA 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 07-03-2019 and assigned Florida document number 1.19000173862 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cire

## 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>            | Type of Action |
|--------------|---------------------|---------------------------|----------------|
| MGR          | DELLOCA, MARTIN     | 777 BRICKELL AVE STE 1210 |                |
|              |                     | MIAMI, FL 33131           |                |
|              |                     |                           | ■ Remove       |
|              |                     |                           |                |
|              | CONTRERAS, CARLOS E | 777 BRICKELL AVE STE 1210 | Change         |
| AMBR         | CONTRERAS, CARLOS E | 777 BRICKELL AVE STE 1210 |                |
|              |                     | MIAMI, FL 3313)           |                |
|              |                     |                           | Remove         |
|              |                     |                           | <b>-</b> (3)   |
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| D. If amending a                                   | iny other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| (If an effective dat Note: If the da               | c 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) are inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records. |
| If the record sp<br>(b) The 90th c                 | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: lay after the record is filed.  |
| Dated  | $\frac{322/19}{2019}$   |
|  | Signature of a member or auditorized representative of a member   |
|  | Martin Delloca  |
| <del></del> -                                      | Typed or printed name of signee   |

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Filing Fee: \$25.00