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Registration Section

Division of Corporations

TO:

A.F.N. MEP SERVICES, LLC SUBJECT: .__ 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: NICHOLAS V. ALERS Name of Person A.F.N. MEPSERVICES Firm/Company 13907 CAYWOOD POND DRIVE Address WINDERMERE, FLORIDA 34786 City/State and Zip Code nalers@afnmep.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NICHOLAS V. ALERS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.F.N. MEP SERVICES, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) inited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L19000208121	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
A.F.P. MEP SERVICES. LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u></u>	
The address if amplituables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		72.
		. •
B. If amending the registered agent and/or registered	office address on our records, enter th	e name of the new register
agent and/or the new registered agent and/or registered	office address on our records, <u>construction</u>	ΓJ
agent sales of the		•
N CNI Devictored August		· - :.′
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Puntai Su cei dan ess	
	, Flor	ida
	City	zip Coae

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 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	EDGARDO L. FERNANDEZ DONENEC	13907 CAYWOOD POND DRIVE, WINDERME	RE.FL 34786 ■ ■ Add
			□Remove
			□Change
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effective date is listed, the e: If the date inserted i	han the date of filing: date must be specific and cannot be p in this block does not meet the ap on the Department of State's reco	pricable statutory ming requ	(optional) in 90 days after filing.) Pursuant to 60 tirements, this date will not be lis
s filed.	d effective date, but not an effective	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th day af
ed APRIL 1	19, 2020 /	\rightarrow \downarrow	
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