

L19000276912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

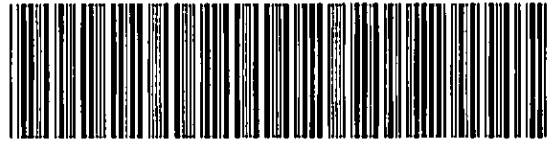
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 21 PM 2:05

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2021

ALEJANDRA M. LOPEZ
6965 PIAZZA GRANDE AVENUE
SUITE 314
ORLANDO, FL 32835

SUBJECT: M&E REPARATIONS AND INSTALLATION LLC
Ref. Number: L19000276912

We have received your document for M&E REPARATIONS AND INSTALLATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 521A00015220

RECEIVED
JUL 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2A Wide Services LLC

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:

ALEJANDRA M LOPEZ

Name of Person

AES ACCOUNTING & CONSULTING

Firm Company

6965 PLAZZA GRANDE AVENUE SUITE 314

Address

ORLANDO, FL 32835

City/State and Zip Code

admin@aesaccounting.net

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandra M Lopez

407

530-0958

at (_____) _____

Name of Person

Area Code

Daytime 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)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 JUN 21 10:05
FBI - TALLAHASSEE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

M&E Reparatons and Installation 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 11/06/2019 and assigned
Florida document number 1,19000276912.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2A Wide Services LLC

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 ADDRESS)

9508 Silver Buttonwood St.

Orlando, FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9508 Silver Buttonwood St.

Orlando, FL 32832

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alexandre Dionizio Paz

New Registered Office Address:

9508 Silver Buttowood St

Enter Florida street address

Orlando

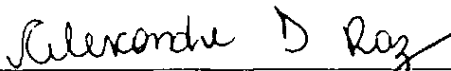
Florida 32832

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marcus Da Silva Oliveira	123 Cooper Ct	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Erica Mendes De Sa Oliveira	123 Cooper Ct	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Alexandre Dionizio Paz	9508 Silver Buttonwood St	<input checked="" type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Anaice Nunes Lopes Paz	9508 Silver Buttonwood St	<input checked="" type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 3rd, 2021

Signature of a member or authorized representative of a member

Marcus de Silva Oliveira
Typed or printed name of signer

Filing Fee: \$25.00