Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000084033 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Corporations Fax Number : (850)617-6383	2020 H.A.R.
rom:	Account Name : RC TAX SERVICE LLC Account Number : 120140000083 Phone : (407)932-0040 Fax Number : (407)520-5473	16 MH 9:
inter	the email address for this business entity to b nual report mailings. Enter only one email addr	ess please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEZA DESIGN AND ARCHITECTURE LLC

VIEWA DEGLOTATE TAX	
Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

MAR 17 2020

I ALBRITTON

Electronic Filing Menu

F-2-11

Corporate Filing Menu

Help

	.	,	CC	VER LETT	ER *		
TO:	Registration Sec Division of Corp	ction porations		if			
		•	MEZA DESIGN A	ND ARCHITECTU	RE LLC		
SUBJ	ECT:		Name of Limited	Liability Company			
The en	nclosed Articles of	Amendmen	t and fee(s) are submi	tted for filing.			
Please	e return all corresp	ndence con	cerning this matter to	the following:			
	-		FRED ME	ZA			
				Name of Person	<del>-</del>		
	      -		·	Firm/Company			
	Ì		277	9 MONTICELLO			
	\\    ,			Address			
				KISSIMMEE, FL			
		<del></del>		City/State and Zip C			
			RCTAXSERVIC  E-mail address: (to	E@EARTHLINK.I	nnual report notif	fication)	
For	further information	concerning	this matter, please ca	11:			
	FRE	MEZA		407 at (	)	963 <b>-</b> 7912	<del></del>
<del></del>	Name	of Person		Area Code	Daytim	e Telephone Number	
Enc	closed is a check fo	the follow	ng amount:			□ \$60.00 Fili	na Faa
C	3 \$25,00 Filing Fee	<b>≡</b> \$30	0.00 Filing Fee & ertificate of Status	S55.00 Filing Certified Co (additional cop	ру	Certificate Certified (	of Status &
	Malling Add Registration Division o P.O. Box 6 Tallahasse	n Section Corpora 327	tions	Re D Ti 24	reet Address: egistration So ivision of Co he Centre of 415 N. Monr	orporations Tallahassee oe Street, Suite 8	10
	ramasse		<b>4</b> -1	Т	allahassee, F	L 32303	

## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION

200 Aug 39

## MEZA DESIGN AND ARCHITECTURE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liabil	la Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 12/06/2019 and assigned
lorida document number L19000298154	<del>.</del>
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
MEZA DESIGN AND PRAFTING LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 E. MONUMENT AVE
Principal office address MUST BE A STREET ADD	DRESS) STE. 401-11
Trinciput office usual Cox Association	KISSIMMEE, FL 34741
	111 E MONUMENT AVE
Enter new mailing address, if applicable:	STE 401-11
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34741
agent and/or the new registered office address here	red office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:
provisions of all statutes relative to the proper and	nt and agree to act in this capacity. I further agree to comply with d complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.
	If Changing Registered Agent, Signature of New Registered Agent

GR = M MBR = A	11		o manage, <u>enter the title, name, and</u>	
<u>tle</u>	<u>Name</u>		<u>Address</u>	Type of Action
			·	☐Add
				Change
			_	□Add
				Remove
				□Change
			_ ·	
		•		. Remove
				Change
				□Add
				□Remove
	·		· 	· Change
	_			Remove
				Change
	_			
				□Remove

O. If amending any of	her information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective date is I	other than the date of filing:
If the record specifies a record is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MARCH 1	2020
Dated	
	Signature of a member or authorized representative of a member
	Typed of printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00