

(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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07/10/24--01032--019 **25.00



COVER LETTER

TO:		stration Sec sion of Corp				
en e e e	CT.	Mega Contro	ol LLC			
SUBJEC	CI: _					
The encl	losed	Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please ro	cturn	all correspon	dence concerning this matter t	to the following:		
			Saremm Saenz Motato			
				Name of Person		
			Mega Control LLC			
				Firm/Company		
			P.O Box 150734	Address		
		Cape Coral, FL 339915				
			brunctinvestments@yahoo.c	City/State and Zip Code		
				to be used for future annual re	port notification)	
For furt	her in	formation co	oncerning this matter, please ca			
Saremn	1 Saer	nz Motato	D	239 472- at () Area Code	1101 Daytime Telepho	ne Number
		Name of	rerson	Area code	Dayune recepto	No 1 control
Enclose	d is a	check for th	c following amount:			
■ \$ 25	3.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mega Control LLC			<u></u>
(Name of the Limit	ed Liability Compa (A Florida Limited l	iny as it now appears on (Liability Company)	our records.)
he Articles of Organization for this Limited Li	iability Company	were filed on 09/04/20	o20 and assigned
orida document number 1.20000277459	·		
his amendment is submitted to amend the follo	owing:		- 1
. If amending name, enter the new name of	f the limited liab	ility company here:	i
			<u> </u>
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	927 SE 16TH TER C	APE CORAL, FL 33990
Principal office address MUST BE A STREE	T ADDRESS)		5
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or regent and/or the new registered office address	egistered office a		CAPE CORAL, FL 33990 ds, enter the name of the new regis
zent and or the new registered office address	·		
Name of New Registered Agent:	SAREMM SAI	ENV. MOTATO	
New Registered Office Address:	927 SE 16TH T		
		Enter Florida st	reet address
	CAPE CORAL	<u> </u>	, Florida <u>33990</u>
		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>	Address	Type of Action
MNGR/A	SAREMM SAENZ MOTATO	2275 BRUNER LN #6FORT MYERS, FL 33912	□ Add
			=Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
	-19		□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□ Change
			□Add
			Remove
			□Change

	
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	06/01/2024
	date, if other than the date of filing: (optional)
reflecti te: If	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
	0.1/2021
ted	01/2024
	/ m · 1\ m
	Signature of a member or authorized representative of a member