## L21000152556

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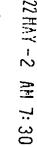
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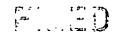
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## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT:	The Thin Name of Florida I	Limited Liability Company	l Le
	s of Conversion and fee npany" into an "Other		
Jean Ros Harlalec 1320-1330 Mani F	Contact Person  Thereating Firm/Company  Address  Address  Type State and Zip Code	this matter to:	
E-mail address: (to	bused for future annual re	port notification)	
For further information	on concerning this mat	ter, please call:	
Jean Robert Name of Contact Po	t HeTellos	at (786) 73	8 - USS -
	for the following amour	•	·
□ \$25.00 Filing Fee	\$30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Addre Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section orporations f Tallahassee roe Street, Suite 810

CR2E106 (05/17)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 MAY -2 AM 7: 30

METELEC INTERNATIONAL LLC

(Name of the Limited Liability Compan (A Florida Limited Li	у as it now appears on our reability Company)	TALL LOGERFL	đΞ
The Articles of Organization for this Limited Liability Company	were filed on 19401	2w21 and assigned	- ed
Florida document number 121000152 556	vere med on O 1101	and assign	Çū
This amendment is submitted to amend the following:			
This amendment is submitted to amend the following.			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words "Limited Liability and Contain the Words" and Contain the Words and Contain th	ly 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)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	idress on our records, <u>e</u>	nter the name of the new re	gister
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ac	ddress	
	121		
	City	, FloridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p			

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Er nesto Etierne	423 NW 101 ST FC 331	<b>∭</b> [ <b>I</b> ⁄Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	04-25-2022
	Signature of a member or authorized representative of a member
	Jean-Robert Tétellus  Typed or printed name of signee

Filing Fee: \$25.00