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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : 120170000090

Phone : (305)358-1310

Fax Number : (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MECJ LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MECILOC				
(Name of the Limited Liability Company (A Florida Limited Liab	ns it now appears on our records.) ility Company)	<del></del>		
The Articles of Organization for this Limited Liability Company we	re filed on 07/07/2021	and assigned		
Florida document number L21000311455		·		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:	~ <b>~</b>		
<u>-</u>		921		
The new name must be distinguishable and contain the words "Limited Liability of	Company," the designation "LLC" or the	abbreviation"L.LC.		
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Enter new principal offices address, if applicable:		Si in in		
(Principal office address MUST BE A STREET ADDRESS)	e anna, aproposso praes ha kina sagain an ann deòr a service est est des de translation français de translatio			
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Enter new mailing address, if applicable:		$\mathbf{z}^{(i)}$ $\mathbf{z}^{(i)}$		
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(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
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B. If amending the registered agent and/or registered office add	ress on our records, enter the na	me of the new registered		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	•			
New Registered Office Address.	Enter Florida street address			
	Florida			
	Cin/ , Florida	Zıp Code		
at 12 to 24 de Cinnana 16 handa Badata Aganta		·		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree t	to act in this capacity. I further a	gree to comply with the		
provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered ugent as pro	rformance of my auties, and 1 an wided for in Chapter 605 FS O	ı jamınıar wun ana r. if this document is		
being filed to merely reflect a change in the registered affice ad	dress. I hereby confirm that the	imited 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

To: +18506176383

Title .	<u>Name</u>	Ado	lress .	Type of Action
AMBR	MARIA EUGENIA ESCOBAR	150	SE 2ND AVE SUITE 404	□Add
	•	MIA	MI, FL 33131	Remove
				□ Change
AMBR	OSCAR MORENO	150	SE 2ND AVE SUITE 404	☐Add
, ,		M1/	AMI, FL 33131	∃ Remove
				. Change
AMBR	MECJ SAS	CR	43 A 19 17 INT 506	<b>=</b> Add
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