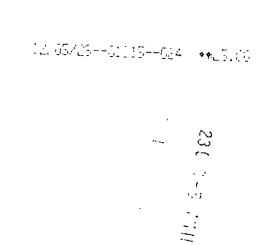
La1000 47a01

Office Use Only



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COVER LETTER

Division of Cor	porations				
MEVTEC I	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Miguel Vallecillo				
		Name of Person			
	MEVTEC LLC				
	Firm/Company				
	7901 4th St N STE 300				
		Address			
	St. Petersburg, FL 33702				
		City/State and Zip Code			
	gitec@yahoo.com E-mail address: (to be used for future annual report not	ification)		
For further information co	oncerning this matter, please ca	all:			
Miguel Vallecillo		305 588-1882			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne 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		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Co			

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

ARTICLES OF C		230%	
MEVTEC LLC		cords.)	17/1/256
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	cerds.)	
The Articles of Organization for this Limited Liability Company Florida document numbe. Laloo47401			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		 	
(Principal office address MUST BE A STREET ADDRESS)	7901 4th St N STE 300 St. Petersburg, FL 33702		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N STE 300 St.	Petersburg, FL 3.	3702
B. If amending the registered agent and/or registered office a	address on our records, en	nter the name of	the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	ldress	
		, Florida	
<u></u>	Citv		Lip 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 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>	Name	Address	Type of Action
AMBR	Gianelle Vallecillo	7901 4th St N STE 300 St. Petersburg, FL 33702	□Add
			□Remove
		 	Change
AMBR	Miguel Vallecillo	7901 4th St N STE 300 St. Petersburg, FL 33702	□Add
			🗆 Remove
			🗏 Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
			□ Add
			□Remove
			DChange
	 		🗀 Add
			=Remove
			Change
			□Add
			□Remove
			Change

Migiel valleillo 305-588-1882 1901 4th STN Ste 300 ST PETERSBURG FL, 33702