## 123000551199

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PICK-UP WAIT MAIL
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## **COVER LETTER**

	Registration Se Division of Cor				
C11D 1EC		ORING LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
		EVENS JOHN KENZER I	MUTII.		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		_
		MEC FLOORING LLC			
			Firm/Company		_
		5324 LONG RD APT B			
			Address		_
		ORLANDO FL 32808			
		ADM.ANAINFANTE@GN	City/State and Zip Code MAIL.COM		_
12 4541.			to be used for future annual re	port notification)	
		oncerning this matter, please e			
ANA MA	ARIA INFANTI Name o	f Person	407 5305 at () Area Code	878  Daytime Telephone Numb	rct
Enclosed	l is a check for th	ne following amount:			
<b>■ \$25.</b>	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certific	Filing Fee, cate of Status & ed Copy al 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

MEC FLOORING LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on 12/14/2023	and assigned
lorida document number [1.23000551199]	<del></del> -	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	RESS)	
	<del> </del>	
nter new mailing address, if applicable:	***	
Mailing address MAY BE A POST OFFICE BOX)		
		ည
. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	e name of the new registe
gent and/or the new registered office address here:		= .
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	Circ	Zin 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>	<u>Name</u>	Address	Type of Action
AMBR	EVANS KENZER	5324 LONG RD APT B	
		ORLANDO FL 32808	■Remove
			□Change
AMBR	EVENS JOHN KENZER MUTIL	5324 LONG RD APT B	<b>=</b> Add
		ORLANDO FL 32808	□Remove
			□Change
<del></del>			□ Add
			□Remove
			:□Change
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Effective date, if other than the date in effective date is listed, the date must be	e specific and cannot be p	orior to date of filing or	more than 90 days after t	nal) iling.) Pursuant to Θ	05.0207
Note: If the date inserted in this block document's effective date on the Department.			ing requirements, this	date will not be in	Sicu-as
e record specifies a delayed effective ded is filed.	late, but not an effectiv	ve time, at 12:01 a.n	1. on the earlier of: (b)	The 90th day af	ter the
Dated DECEMBER 16	2023	,			

Filing Fee: \$25.00

Typed or printed name of signee