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COVER LETTER

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TO:	Registration Se Division of Cor							
CUBIE	MCL-ECL							
Name of Limited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please n	eturn all correspo	ondence concerning this matter	to the following:					
		Anthony Hamilton						
			Name of Person					
		MCL-ECL JV, LLC						
			Firm/Company					
		12870 US 92, E004						
			Address					
		DOVER, FL 22527						
			City/State and Zip Code					
		anthony.hamilton@mcl-ecl	.com					
		E-mail address: (to be used for future annual report notif	ication)				
For furt	her information c	oncerning this matter, please c	all:					
Anthon	y Hamilton		740 352-3711					
	Name o	f Person	at () Area Code Daytime	: Telephone Number				
Enclose	d 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		Street Address: Registration Sec	ction					
Division of Corporations			Division of Corp					
P.O. Box 6327		The Centre of T						
	Tallahassee 1	F1. 37314	2415 N. Monroe	Street Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCL-ECL JV, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 30, 2024 and assigned Florida document number 1.24000328953 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ____

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>	<u>Address</u>	Type of Action
AMBR	Anthony Hamilton	12870 US 92, E004	∃ Add
		Dover, FL. 33527	□Remove
			□Change
AMBR	Armando Ygbuhay	20015 Umbria Hill Drive	Add
		Tampa, FL. 33647	□Remove
			□ Change
AMBR	Satvik Raj	2612 Amanda Ct	■ Add
		Vienna, VA 22180	ПRетюче
			□ Change
AMBR	Fernando Luiz Guedes	410 Crown Park Ave.	Add
		Gaithersburg, MD 20878	□Remove
			□Change
-			□ Add
			□Remove
			□ Change
			□ Remove
			□Change

					
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effective date is listed, the e: If the date inserted i	nan the date of filing: date must be specific and on this block does not make on the Department of Sta	cannot be prior to de cet the applicable			
ord specifies a delayed filed.	effective date, but not a	an effective time,	at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
October 14 od	<u> </u>	2024	· A	-20	
	Signature of a m	ember or authorize	d representative of a me	mber	
Variable and Thomas	ton, Managing Member	AGE FOLDE	1.0		