## L2400399660

(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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Special Instructions to Filing Officer
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## **COVER LETTER**

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eup ie		MEPS BA S	SERVICES LIMITED LIABIL	JTY COMPANY
SUBJE	CI:		Name of Limi	ited Liability Company
The enc	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please r	eturn	all correspon	ndence concerning this matter	to the following:
			Mikhail Epshteyn	
				Name of Person
			MEPS BA SERVICES LIX	MITTED LIABILITY COMPANY
				Firm/Company
			39 Bud Hollow Drive	
			<del></del>	Address
			<del></del>	City/State and Zip Code
			mike_eps@hotmail.com	· 🖂
			E-mail address: (t	to be used for future annual report notification)
For furt	her ir	nformation co	oncerning this matter, please ca	all:
Mikhail	Epsl	hteyn		646 9817923 C7 1
	_	Name of	l'Person	at () Area Code Daytime Telephone Number 17 17 17 17 17 17 17 17 17 17 17 17 17
Enclose	d is a	check for th	e following amount:	,
□ \$25	5,00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & S60,00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div	iling Addressistration S vision of C D. Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MEPS BA SERVICES LIMITED LIABILITY COMPANY

(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 99/12/2024 and assigned Florida document number 1.24000399660  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 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 Address here:  Name of New Registered Agent:  New Registered Office Address:  39 BUD HULLOW DR  Enter Florida street address  Enter Florida street address  Florida 32137  Zip Code	Florida document number 1.24000399660  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:  PALM COAST  Florida 32137  Florida 32137		(7) I fortal familied	macanty company)		0, ,
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PALM COAST Florida street address Florida 32137	Enter Florida street address  PALM COAST City Florida 32137 Zip Code	Name of New Registered Agent:				
PALM COAST , Florida 32137	Enter Florida street address  PALM COAST, Florida 32137  City Zip Code	New Registered Office Address:	39 BUD HULI	.OW DR		
, Florida	City Zip Code		<del></del>	Enter Flor	rida street address	
City Zip Code	City Zip Code		PALM COAST	,	. Florida <sup>321</sup>	37
	New Registered Agent's Signature, if changing Registered Agent:			City		Zip Code

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>	Address	Type of Action
			Remove
			□Add
			□Remove
			□Remove
			□Change
			□ Петюче
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			Change

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Mikhail Epshteyn		Signature of a memoer of authorized representative of a memoer
		Mil-hail Englithern