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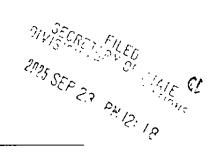
FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account: I20210000160: \$25.00\_\_\_\_\_ Authorization Signature L25000361624 MEP TRADES INTEGRATED LLC\_ Business Name Doc. # Certified Copies of the Articles of Incorporation Certificate of Status: **AMENDMENTS** NEW FILINGS X \_Amendment Profit \_\_\_Resignation of R.A. Not for Profit Change of Registered Agent LLC Revocation of Dissolution Domestication \_\_\_ Conversion \_\_ INC Reinstatement CORP Merger **PLLC REVOCATION OF DISSOLUTIO** REGISTRATION/QUALIFICATIONS OTHER FILINGS Foreign Filing TRANSMITTAL LETTER \_\_\_ Partnership \_\_\_ Reinstated Articles of Fictitious Name (cancel) Organization Statement of Authority \_\_\_ Statement of Authority TRADEMARK Domestication of a Foreign Corp\_ Other

FLORIDA CAPITAL COURIER SERVICES, IN	IC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-54372	
(850) 524-6243	
Please use funds from the account: 120210000160	): _\$25.00
Authorization Signature 2.710	
MEP TRADES INTEGRATED LLC	<u>L25000361624</u>
Business Name Doc. #	
Certified Copies of the Articles of Incorpo	oration
Certificate of Status:	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	XAmendment
Not for Profit	Resignation of R.A.
LLC	Change of Registered Agent
Domestication	Revocation of Dissolution
INC	Conversion
CORP	Reinstatement
PLLC	Merger
	REVOCATION OF DISSOLUTIO
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing
<del></del>	Partnership
Fictitious Name (cancel)	Reinstated Articles of
Organization	
	Statement of Authority
Statement of Authority	
TRADEMARK	Demostication of a Foreign Com
O.4	Domestication of a Foreign Corp_
Other	

## **COVER LETTER**

	ration Section n of Corporations	
MI SUBJECT:	EP TRADES INTEGRATED LLC	
SUBJECT:	Name o	f Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) ar	e submitted for filing.
Please return all	correspondence concerning this m	atter to the following:
	Ramon Hernandez	
		Name of Person
		Firm/Company
	2655 S Lejeune Road	SUITE 524
		Address
	Coral Gables FL 3313	4
	<del></del>	City/State and Zip Code
	rayhemandezesq@gma	il.com ess: (to be used for future annual report notification)
For further inform	nation concerning this matter, plea	·
Ramon Hernando	cz	305 440-9405
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
■ \$25.00 Filing	g Fee S30.00 Filing Fee & Certificate of Statu	
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 ussee, 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



## MEP TRADES INTEGRATED 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 v	vere filed on <u>08/06/2025</u>	_ and assigned
Florida document number L25000361624		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
MEP INTEGRATED SYSTEMS LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbre	viation "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 ad agent and/or the new registered office address here:	dress on our records, enter the name of	f the new registered
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	<del> </del>
	Enter Florida street address	
	City , Florida	
Now Designated Asset Company 15 th 1997	City	Zip 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 peaccept the obligations of my position as registered agent as pre	sijormance oj my auties, and I am jam ovided for in Chapter 605. F.S. Or. if t	uiar with and his document is
being filed to merely reflect a change in the registered office as	ddress, I hereby confirm that the limite	ed 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
			□Add
			☐ Change
			□Remove
			☐ Change
		<del></del>	□Add
			□Remove
			☐ Change
			□Add
			□Remove
		···	☐ Change
			□ Add
			□Rcmove
		<del></del>	□Add
			□Remove
			Change

<u> </u>	
effectiv <u>e:</u> If th	date, if other than the date of filing:
cord sp s tiled.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	9/03/2025
	Lough Bueno
	Signature of a member or authorized representative of a member
	Kumon Herrantes