

L250003 del

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

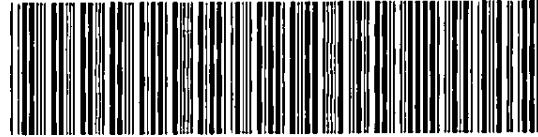
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 24 2025

Office Use Only



000454845320

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2025 SEP 23 PM 12:18
GP

FILED
2025 SEP 23 PM 4:16
J. HORNE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: 120210000160: \$25.00

Authorization Signature *[Signature]*

MEP TRADES INTEGRATED LLC L25000361624

Business Name _____ Doc. # _____

Certified Copies of the Articles of Incorporation

Certificate of Status:

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☒ CORP
☐ PLLC

AMENDMENTS

☒ X Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Conversion
☐ Reinstatement
☐ Merger
REVOCATION OF DISSOLUTION

OTHER FILINGS

TRANSMITTAL LETTER

____ Fictitious Name (cancel)
Organization

Statement of Authority
TRADEMARK

Other _____

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstated Articles of

Statement of Authority

Domestication of a Foreign Corp

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 Partnership
 Reinstated Articles of
 Statement of Authority
 Domestication of a Foreign Corp_

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEP TRADES INTEGRATED LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Hernandez

Name of Person

Firm/Company

2655 S Lejeune Road SUITE 524

Address

Coral Gables FL 33134

City/State and Zip Code

rayhernandezesq@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Hernandez

305 440-9405

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

SECRET
DIVISION OF INVESTIGATION
2025 SEP 23 PM 12:18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

9/23/2025

Kamon Hovartez

Typed or printed name of signee