

L25000 36d1624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

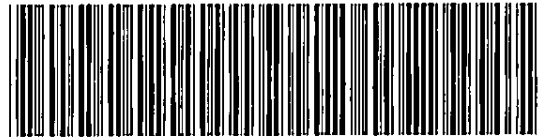
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
SEP 26 2025

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SECRETARY OF STATE  
2025 SEP 25 PM 11:09

FILED  
2025 SEP 25 PM 4:21

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from the account: I20210000160: \$25.00 \_\_\_\_\_

Authorization Signature *[Signature]* \_\_\_\_\_

Mep Integrated Systems 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  
\_\_\_ LLLP

**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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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEP Integrated Systems 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

16200 NW 59 Ave Suite 105  
Address

Miami Lake SFL 33014  
City/State and Zip Code

accounting@meplntsystems.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Hernandez at 305 440-9405  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MEP Integrated Systems 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 8/6/2025 and assigned  
Florida document number L 25000361624

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)

16200 NW 59 Ave  
Suite 105  
Miami Lakes, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16200 NW 59 Ave  
Suite 105  
Miami Lakes, FL 33014

**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

City, Florida  
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 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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[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.

Signature of a member or authorized representative of a member

Kamon Harvath

Typed or printed name of signee