L25000361624

(Requ	estor's Name)	
(Addre	ess)	
(Áddre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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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 Authorization Signature MEP Integrated Systems LLC. Business Name	120210000160: \$25.00 4 L25000361624 #Document
Walk in	Will wait
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication INC CORP LP	XAmendmentResignation of MGRChange of Registered AgentRevocation of DissolutionConversionStatement of AuthorityMergerREVOCATION OF DISSOLUTION
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement
Statement of Authority	Statement of CORRECTION Domestication of a Foreign Corp.
APOSTIL COUNTRY	Other
EVAMINED'S INITIALS:	

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT: ME	P Integrated Systems LLC Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Picase return all corresponde	nce concerning this matter to the following:	
	Melissa Diaz Name of Person	
	Firm/Company	
	16200 NW 59 Are Suite 105	
	Miami Lakes, FZ 33014	
-	City/State and Zip Code OCLOUPING MEDINT SUSTEMS CON E-mail address: 14 be used for further annual report no fileation)	1
For further information conc	eming this matter, please call:	
Melissa Name of Pe	D197 at 780, 533 - 3352 Area Code Daytime Telephone Number	_
Enclosed is a check for the f	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Sec	Street Address; tion Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



October 16, 2025

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: MEP INTEGRATED SYSTEMS LLC

Ref. Number: L25000361624

We have received your document for MEP INTEGRATED SYSTEMS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing the second page of the Articles of Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 325A00023381



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEP	Integrated	Systems	LLC
(Name of the L.	imited Liability Company as it nov (A Florida Limited Liability Co.	v nopears on our records.)	
The Articles of Organization for this Limited Florida document number	d Liability Company were filed	1 on 8/010/202	25 and assigned
This amendment is submitted to amend the i	following:		
A. If amending name, enter the new nam	e of the limited liability comp	oany here:	
The new name must be distinguishable and contain d	ne words "Limited Liability Compan	y," the designation "LLC" or the	obbreviation "L.L.C."
Enter new principal offices address, if app	plicable:		., 2
(Principal office address MUST BE A STR	EET ADDRESS)		25 00
Enter new mailing address, if applicable:			120 A
(Mailing address MAY BE A POST OFFICE			1/4 & C
			7 - 9
B. If amending the registered agent and/o agent and/or the new registered office ado Name of New Registered Agent: New Registered Office Address:	John Ra 8107 Red	n our records, enter the na NGVOL JUSDEY LN #	me of the new registered -938
	D CHAY IXULY	, 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

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

Title Address Type of Action <u>Name</u> Mami cake, For 33014 DREMOVE ____ Change Jacob Duigley 16200 NW 59 Are HOBANDE MIAMI Lake FL 3301/2 Remove Change Remove Change __ 🗆 Remove _ □Change _ 🗆 Remove _____ Change ∏Add □ Remove Change

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in effective date is listed ote: If the date insert	er than the date of fil , the date must be specific , and in this block does no ate on the Department of	ling: and cannot be prior to ot meet the applicab	date of filing or more than the statutory filing requir	optional) 90 days after filing.) Pur rements, this date will	rouant to 605.020 not be listed a
	yed effective date, but r	not an effective tim	e, at 12:01 a.m. on the c	sarlier of: (b) The 90	Nh dny after th
ecord specifies a delatis filed.	- Acres	. 2025 M. M	/		

Filing Fee: \$25.00