

M170000002659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

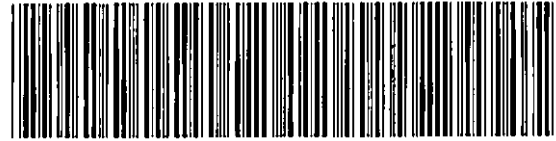
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100405439351

FILED  
2023 APR -5 AM 9:23  
STATE  
FL

RECEIVED  
2023 APR -5 PM 2:25  
ALLIANCE

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/05/2023

**\*\*WALK IN\*\***

ENTITY NAME MEP Associates, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*S. R. J. M.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2023

SUNSHINE STATE

SUBJECT: MEP ASSOCIATES, LLC  
Ref. Number: M17000002659

**CORRECTED**  
**Please Allow For**  
**Same File Date**

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

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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

Neysa Culligan  
Regulatory Specialist III

Letter Number: 923A00007796

RECEIVED  
2023 APR -7 PM 3:14  
M17000002659

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MEP ASSOCIATES, LLC

Enter new principal office 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)

2020 APR -5 AM 9:23  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

FILED

2. The Florida document number of this limited liability company is: M17000002659

3. Jurisdiction of its organization: WI

4. Date authorized to do business in Florida: 04/17/2020

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Salas O'Brien North, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

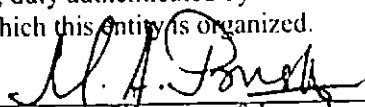
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Mike Prusty

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2023 APR -5 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

Date: 4/7/2023

By: A handwritten signature in black ink, appearing to read "Jennifer Doherty".



## Corporations Bureau

# Form 504 - Limited Liability Company Articles of Amendment

### Name of Limited Liability Company

Entity Name or Entity Id: MEP ASSOCIATES, LLC  
Entity ID: M057821

### Entity Name Amendment

The text of the amendment to the articles of organization amends the name of limited liability company: Yes

The Name of the LLC is amended to be: Salas O'Brien North, LLC

### Registered Agent Name Amendment

The text of the amendment to the articles of organization amends the name of the Registered Agent: No

The Registered Agent name is amended to:

Name of Entity:

### Registered Agent Address Amendment

The text of the amendment to the articles of organization amends the street address of the Registered Agent. No

The Registered Agent address is amended to:

Street Address:

Address 2:

City:

State:

Zip Code:

### Management Change

The text of the amendment to the articles of organization amends the management of the Limited Liability Company: No

The management of the limited liability company is: (left blank)

### Adoption

Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 Yes

**Drafter**

This document was drafted by: Joseph R. Mirr - Ruder Ware LLSC

**Signature**

Title: Attorney-in-fact

Date: 08/05/2021

I understand that checking this box constitutes a legal signature: Yes

Signatory's Name: Joseph R. Mirr

**Delayed Effective Date (Optional)**

This document will be effective on the date it is received by the department unless a delayed (future) date is included here.

(Optional) This document has a delayed effective date of:

**Contact Information (Optional)**

Name: Joseph R. Mirr - Ruder Ware LLSC

Address: 402 Graham Avenue - PO Box 187

City: Eau Claire

State: WI

Zip Code: 54702

Phone Number: 715-834-3425

Email Address: jmirr@ruderware.com

**Endorsement**

FILED

Received Date: 08/05/2021