(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:
Walk In -\$ 35.00

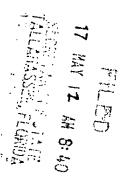
Office Use Only



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S. TALLENT MAY 1 5 2017





May 12, 2017

CAPITAL CONNECTION, INC.
M & E GENERAL CONTRACTOR INC.

SUBJECT: MEEI CONSTRUCTION INC.

Ref. Number: P15000029581

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 317A00009531

DEPARTMENT OF SHARE

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MEEI CONSTRUC	TION INC.		
		_	Art of Inc. File
***********	,		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			✓ Cert. Copy
		-	Photo Copy
			✓ Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
2.6		ļ	Vehicle Search
<u> </u>	<del> </del>		Driving Record
Requested by: BA	5/12/17		UCC 1 or 3 File
Name	<del></del>	Time	UCC 11 Search
Haille	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: MEE	General Contractor Inc.		
DOCUMENT NUMBER: P150000	29 581		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
<u> </u>	Name of Contact Person		
	company		
170	Firm Company		
- M 2	Address		
<u></u>	hialeah, FL 33015		
	City/ State and Zip Code		
E-mail address: (to be us	@ meacf (. Com sed for future annual report notification)		
For further information concerning this matter, pleas	se call:		
Brika Diaz	at (786) 202 - 3119 Area Code & Daytime Telephone Number		
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
□ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  September 25		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment

to Articles of Incorporation

MEEI CO	NSTRUC	TIO/	V_IX	VC.
PISOCO 295	m as correndy filed with the F	orius Dept. of State)		
	ent Number of Corporation (if ki	own)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the follo	wing amendmen	t(s) to
A. If amending name, enter the new name of the cor	POORATION: INC.		The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the designation of the designati	" "Inc," or "Co". A profession	"incorporated" or the al corporation name mus	abbreviation st contain the	
B. Enter new principal office address, if applicable:			· <u> </u>	
(Principal office address MUST BE A STREET ADDI				
			<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	. ,	<b>1 1 2 2 3 3 3 3 3 3 3 3 3 3</b>	
			A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	l office address in Florida, ente Nee address:	r the name of the		
Name of New Registered Agent		·	استوالت الله	
,	(Florida street address)		,	
New Registered Office Address:	(City)	, Florida	ip Code)	
	(0.0)	12	· .	•
	·	•		
<u>lew Registered Agent's Signature, if changing Registereds</u> hereby accept the appointment as registered agent. I am	ered Agent: m familiar with and accept the c	bligations of the position	on.	
				ý
Signatur	e of New Registered Agent, if c	hanging		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add		•	
Remove			
2) Change			
Add			
Remove		,	
3) Change			
Add		•	
Remove			
4) Change	<u></u>	_	
Add		,	
Remove		•	
<del></del>			
5) Change			
Add			
Remove			
Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
	•		

toch additional sheets,	idditional Articles if necessary). (E	de specific)			
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f an amendment provi provisions for implem	des for an exchang	e, reclassification, o	r cancellation of iss	ued shares.	
provisions for implem (if not applicable, i	enting the amendm indicate N/A)	ent if not contained	in the amendment i	itself:	
	<u>_                               </u>	<del>/</del>			•
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				<del>-</del>	<del></del>
<u> </u>	·	·			

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
-	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated May 08, 2017 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President / Owner.	