L12000150435

(Re	questor's Nam	e)
	dress)	
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Pho	one #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity N	lame)
(Pa	cument Numbe	arl .
(DO	cument Numbe	=1)
Certified Copies	_ Certificat	tes of Status
		1
Special Instructions to	Filing Officer.	_
Free an		
due to	Cleria	el le
emor.	کور.	10719123

Office Use Only



300414461103

S. CHATHAM

20000119 Mt 8:09

COVER LETTER

TO:	Registration S Division of Co			•
SUBJEC		GINEERING AND CONSULT	ING INC	
SOBJEC		Name of Lim	ited Liability Company	
The encl	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		FARRAH STEWART		
			Name of Person	
		SAFF CONSULTING AN	ND MANAGEMENT, LLC	
			Firm/Company	
		4176 INVERRARY DR #-	409	
			Address	····
		LAUDERHILL /FL, 3331	9	
		farrahkstewart@gmail.com	City/State and Zip Code	
			to be used for future annual report no	otification)
For furth	ner information	concerning this matter, please ca	all:	
Farrah S	Stewart		954 801-4428 at ()	
	Name	of Person	Area Code Dayti	me Telephone Number
Enclose	d 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

rds.)
and assigned
.C" or the abbreviation "L.L.C."
:-;
9
တ္ 🕠
. 09
r the name of the new registe
ess
clorida

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.

City

Zip Code

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
		□Remove	
			☐ Change
			☐Change.;
			Change.
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□ Change
			□Add
		·	□Remove
			☐ Change

	· · · · · · · · · · · · · · · · · · ·
-	
	(~)
_	
_	
_	φ.
_	
_	, ,
_	
_	
_	
_	
_	
_	
_	
	12/3/2012
ffecti	ve date, if other than the date of filing: (optional)
an effe ote:	ctive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	ent's effective date on the Department of State's records.
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
	ed.
d is file	
d is file	
d is file	A Commence of the Commence of
d is file	Signature of a member of authorized representative of a member

Filing Fee: \$25.00