L14000091047

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K.SALY EXAMINER APH 19

COVER LETTER

TC	Registration Section Division of Corporation			
SU	BJECT: Bohler Eng	gineering FL, LLC		
-			ited Liability Company	
		nendment and fee(s) are sub	_	
Pic	case return all corresponde	ence concerning this matter	to the following:	
		Donna Opperman	L	
			Name of Person	
		Bohler Engineerin	g	
			Firm/Company	
		35 Technology D	rive	
			Address	
		Warren, NJ 0705	59	
			City/State and Zip Code	,
	-	dopperman@bol E-mail address: (i	hlereng.com to be used for future annual report no	tification)
Fo	r further information conc	erning this matter, please ca	ali:	
	Donna Opperman		at (<u>908</u>) <u>668-83</u>	00
_	Name of Pe	tson		me Telephone Number
En	closed is a check for the f	ollowing 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 tadditional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 APP	ILED
TALLAHASSE	YOF STATE E. FLORIDA

Zip Code

Bohler Engineering FL, LLC	"ASSECUF STA-
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	STATE ORIDA
The Articles of Organization for this Limited Liability Company were filed on06/05/2014	and assigned
Florida document number <u>L14000091047</u> .	
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent und/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Flor	rida

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

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 = Ma AMBR = Au	onager Rhorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	John Lynch	35 Technology Drive	
		Warren, NJ 07059	Remove
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if an effe <u>Note:</u>	ve date, if other than ective date is listed, the date If the date inserted in the ent's effective date on the	must be specific and is block does not	ed cannot be prior to meet the applicab	date of filing or more le statutory filing r	than 90 days after fil	ing.) Pursuant to 605.03	207 (3) as the
	ord specifies a dela 90th day after the			an effective tin	ie, at 12:01 a.r	n. on the earlier	of:
Dated _	April_8	11	2016	<u>-</u> ·			
		Signature of a	member or authori	zed representative of	a member		

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Filing Fee: \$25.00