7/29/28 4:45 PM Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000265607 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future $\stackrel{\smile}{\sim}$ annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSOR ENGINEERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

TUL 3 0 2025

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2025 JUL 29 PM 4:51
TALLAHASSEE FLORIDY

CONSOR ENGINEERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 04/23/2011	and assigned
Florida document number L18000098678		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "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 and/or registered office a agent and/or the new registered office address here:	nddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		, Florida Zip Code
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605. F.S. Or, if this document is
If Chan	ging Registered Agent, Sign	ature 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Patil, Sandeep	6505 Waterford District Drive Suite 470	🗆 Add
		Miami, FL 33126	■ Remove
			□Change
Manager	Strobel, Ashley	6505 Waterford District Drive Suite 470	□Add
		Miami, FL 33126	■ Remove
			□Change
Manager	Mindy Shimanek	6505 Waterford District Drive Suite 470	🗷 Add
		Miami, FL 33126	□ Remove
			Change
Manager	Heather Yazdan	6505 Waterford District Drive Suite 470	🖫 Add
		Miami, FL 33126	□Remove
			□ Change
			FILED ANDS JEE 29 APK 4:451 SECRETARY DE LA LORIO
			☐ Remove
			□Change

			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		-	ALCONIA 29
			JUL 29 PH
			PH 1: 5
		and the state of t	70 5
			<u> </u>
		<u>,</u>	
	<u> </u>		
		<u>. </u>	
Note: If the date inserted in th	the date of filing: must be specific and cannot be prior to is block does not meet the applicab ne Department of State's records.	date of filing or more than 90 days after	ional) or filing.) Pursuant to 605.0207 (3)6 is date will not be listed as the
the record specifies a delayed efficord is filed.	ective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 7/21	2025		
	/s/ Matthew l		
	Signature of a member or authorize	ved representative of a member	
Matthew Paul Cass			
	Typed or printed	name of signee	

Filing Fee: \$25.00