## L23 DOU 123 H28

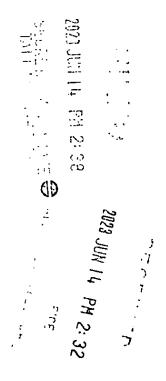
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Sullivan Engineering LLC Name of Emited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mand Sullivan Name of Person	
Sullivan Engineering LLC Firm/Company	
2883 Strand Cir	
Oviedo, I-L 32765 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	T P3
For further information concerning this matter, please call:	5
Mand Sullivan  Name of Person  at (407)  Area Code  Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)	
Mailing Address:  Registration Section  Registration Section	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sullivan Engineer (Name of the Limited Liability Company (A Florida Limited Lia		
(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 03/09/200	23 and assigned
Florida document number 123000123478	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation Hall.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	_NA	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_X1/AT	<u> </u>
		<del></del>
B. If amending the registered agent and/or registered office ad-	dress on our records, enter the na	ame of the new registered
agent and/or the new registered office address here:		
	MA	
Name of New Registered Agent:	<u>/V // \</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Code
		and the second s
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		
accept the obligations of my position as registered agent as pro	ovided for in Chapter 605, F.S. O	Or, if this document is
being filed to merely reflect a change in the registered office at company has been notified in writing of this change.	aaress, i hereby confirm that the $A$	итива навину

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 = Manager AMBR = Authorized Member <u>Title</u> Type of Action Name | MGR Suha Suliman 2883 Strand Cir DAdd Oviedo FL 32765 XREMOVE MGR Mand Sullivan 2583 strand Cir Xada Oviedo, FL 32765 Remove \_ □Change \_\_\_\_Chánge \_\_\_\_\_ □Change  $\Box$ Add Remove \_ Change Remove

□Change

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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more to	(optional)
te: If the date inserted in this block does not meet the applicable statutory filing re-	quirements, this date will not be list
rument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day afte
s filed.	•
ed 6/14/2023.	
ed 1777 2023	
Signature of a member or authorized representative of a	

Filing Fee: \$25.00