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JAN 3 1 2013 **T. HAMPTON** 

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

S.E.T. Engineering & Laboratories, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Sirous Javadian

Name of Person

# SET Engineering & Laboratories, LL

Firm/Company

### 45 Valencia Ave

Address

# Coral Gables, FL 33134

City/State and Zip Code

### sirousjavadian@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Sirous Javadian

ູ,305ຸ219-3767

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### S.E.T. Engineering & Laboratories, 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 12/26/2013	and assigned	
Florida document number L1400000230	4;	ALL T	
This amendment is submitted to amend the following:		and assigned FILL SECRETARY SALLAHASS	
A. If amending name, enter the new name of the limited liabi	lity company here:	المسالم مرسية الما	
not applicable	•	OF S	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company," the designa	ation "LEC or the obbreviation	
Enter new principal offices address, if applicable:	not 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 address here		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I furth	er agree to comply with the	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Fermin Martinez	45 Valencia Ave	
		Coral Gables, FL	Remove
		33134	
•			Add
			[]
			Remove
			T SEE DAME
			AHASS Remove
			EE. FLORIDA
			Add Add
			Remove
			Add
			Remove
	·		<u> </u>
			Add
			Remove
			<b>,</b> '''

	tion, enter change(s) here: (Attach	additional sheets, if necessary.)
Assigned EIN:	10-440/1/0	
<del></del>		
E. Effective date, if other than the	date of filing:	(optional) e than 90 days after filing.) (605.0207 (3)(b)
		e than 90 days after filing.) (603.0207 (3)(0)
Dated January 10	, <u>2014</u>	
	gnature of a member or authorized repre	esentative of a member
<u> </u>	•	
•	Sirous Javadean Typed or printed name of	signee
•	- NF 20 of France county 4-	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00

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