## L00 0000

7/27/2017

Division of Corporations

## Florida Department of State

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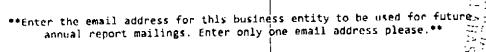
Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200 Phone

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FACTS ENGINEERING, L.L.C.

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July 28, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FACTS ENGINEERING, L.L.C. 8049 PHOTONICS DRIVE NEW PORT RICHEY, FL 34655-5128US

SUBJECT: FACTS ENGINEERING, L.L.C.

REF: L00000002631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H17000197018 Letter Number: 417A00015242

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Audit Fax# H170001970183

# ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |

FACIS ENGINEERING, L.C.C.			\ <del></del>
(Name of the Limite	d Liability Company as A Florida Limited Liabil	is now appears on our records, ty Company)	)
The Articles of Organization for this Limited Lie Florida document number L00000002631		ļ,	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability	сотряну ђеге:	
The new name must be distinguishable and contain the w	ords "Limited Liability C	hmpany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able: _		
(Principal office address MUST BE A STREE		1	
			<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/registered agent and/or the new registered of New Registered Agent:	or registered office		, enter the name of the new
New Registered Office Address:	1245 COURT STR	<u> </u>	
	CLEARWATER	Enter Florida street address. , Flo	33756 : SZIP Cōde
New Registered Agent's Signature, if changing			H 7:
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete pe issered agent as pro registered office ad change.	rformance of my duties, ar vided for in Chapter 605,	id La <del>n</del> r familiar with and F.S. Or, if this document is at the limited liability

Page 1 of 3

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
MGRM	RONALD E, MCVETY	1520 GULF BLVD.	□ Add
		INDIAN ROCKS BEACH, FL	■ Remove
		33785	Change
MGR	DAVID RICK WALKER	49 CITRUS DRIVE	
		PALM HARBOR, FL 34685	■ Remove
			□ Change
MGR	FACTS MANAGEMENT, L.L.C.	1245 COURT STREET	■ Add
		CLEARWATER, FL 33756	□ Remove
			☐ Change
		.=	□ Remove
			☐ Change
			Add
			□ Remove
			C Change
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			□ Remove
			Change

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an effec	e date, if other than the date of filin tive date is listed, the date must be specific and if the date inserted in this block does not a not's effective date on the Department of	d cannot be prior to do meet the applicable	te of filing or more the statutory filing req	em 90 days after filinguirements, this da	ng.) Pursuant (	to 605.0 e listed
e reco The 9	ord specifies a delayed effective 90th day after the record is filed	date, but not ar	n effective time	, at 12:01 a.m	i, on the 6	earlier
ated	July 17	2017				
_	July 17 Poll Signature of	1.4				
	Signature of	member or authorize	d representative of a	member		
			1			
	RONALD E. McVETY, Manager					
	RONALD E. McVETY, Manager	Typed or printed no	une of signee	<u> </u>		

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