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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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B. KOHR

AUG 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Division of		· ns		
SUBJECT:	ES16 N	ENGINEERIN . Name of Limit	Contenctors UC. ed Liability Company	
The enclosed Articles	s of Amendn	nent and fee(s) are sub	nitted for filing.	0,
Please return all corre	espondence	concerning this matter	to the following:	BURNET MID: 15
		HERISERTO	CORREA	- Property of the contract of
	***************************************		Name of Person	- Chick li
,				
			Firm/Company	
		8630 SW	3rd st # 204	/
			Address	
	, ,	Pembroke 1	City/State and Zip Code	
			City/State and Zip Code	
		E-mail address: (t	Designation of the design of t	ion)
For further informati	on concerni	ng this matter, please co		
HERIBERT	o Con	REA	at (<u>954)</u> 394-42 Area Code & Daytime T	214
Na	me of Person		Area Code & Daytime To	elephone Number
Enclosed is a check t	for the follov	ving amount:		
\$25.00 Filing Fee	\$3	0.00 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)
D.4.	ATT INC AT	NADECC.	STDEET/COUDIES	O ADDRESS.

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**

DESIGN ENGINEERING CONTRACTORS 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
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 end with 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 and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
New Designand Agent's Signature if shanging Pagistavad Agents

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	HERIBERTO CORREA	8630 SW 3rd ST 4204 Pembroke Mines, FC 33025	Add Remove
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
		•	Add Remove
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
_			- -
<u></u>	1' +		
Dated	Theh	2009.	
	HERISERTO C	mber or authorized representative of a member OLLEA. yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00