## L04000070195

(Requestor's Name)	
	· <u>·····</u>
(Address)	
-	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
,	- 1
	ļ

Office Use Only



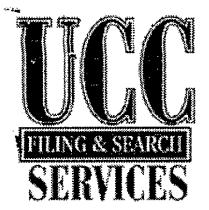
200041250902

09/29/04-01018-027 \*\*110.00

PILLU RECEIVED

2004 SEP 29 PM 4: 12 O4 SEP 29 PM 2: 13

2004 SEP 29 PM 4: 12 O4 SEP 29 PM 2: 13



UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

## HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

September 29, 2004

## CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Insurance & Consulting Engineering Co., LLC

Filing Evidence  Plain/Confirmatio	n Copy	Type of Docu  ☐ Certificate of S	
□ Certified Copy		□ Certificate of 0	Good Standing
		□ Articles Only	
Retrieval Reque  Dhotocopy	<u>st</u>	☐ All Charter Do Articles & Am ☐ Fictitious Nam	e Certificate
□ Certified Copy		□ Other	2004.5
NEW FILINGS	AMENDM	MENTS	FILE U FILE U FILE U FILE U FINE SEP 29 PM 4: 12 DINING OF SORTORIOA DINING OF SORTORIOA DINING OF SORTORIOA DINING OF SORTORIOA
Profit	X Amendmen	nt	一
Non Profit	Resignatio	n of RA Officer/Director	
Limited Liability	Change of	Registered Agent	100 PM
Domestication	Dissolution	n/Withdrawal	
Other	Merger		
	, ,		
OTHER FILINGS	REGISTR	ATION/QUALIFICATION	
Annual Reports	Foreign		
Fictitious Name	Limited Li	ability	
Name Reservation	Reinstaten	nent	
Reinstatement	Trademark		

Other

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FTRS)	The name of the limited liability company is rance & Consulting Engineering Co., LLC	s:				
SECO		on to transact business	* E 1			
(C)	ECK THE APPROPRIATE BOX AND COMPLETE	THE APPLICABLE STATEMENT				
U	5,50					
	The correct business and mailing address is:	815 N.W. 57th Avenue	75			
		Suite 300	-			
		Mlami, FL 33126				
	OR					
	Was defectively signed. The manner in which the of the appropriate correction is as follows:	document was defectively signed and	-			
<b>-</b> .			• •			
			•			
Dated:	September 28, 200-	4				
	-17					
	Signature of a member or authorized repre-	sentative of a member				
Jose L. Nunez, Authorized Representative						
Typed or printed name of signee						
		5.00 0.00 (optional)				