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ALLORIDA

K.SALY EXAMINER JAN - 6 2015

ليد الانتخبار الراب

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ABH Engineering PLLC 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:
Bloke Henter Name of Person ABH Engineering, PLLC Firm/Company
P.O. Box 763 Address
City/State and Zip Code 6 hunt f7 e aol-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Blacke Hunter Name of Person at (352) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

TO ARTICLES OF ORGANIZATION OF

•	OF	FILED
ABH ENGINEE	ERING PLLC Ility Company as it now appears on our sed Limited Liability Company)	2014 DEC 22 Du
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	FECRETARY OF STATE
The Articles of Organization for this Limited Liability	Company were filed on $12/15/$	2005 and assigned in
Florida document number <u>L 0500011972</u>	<u>_L</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	t Construction of Limited Liability Company," the designation	Engineering, PUC on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_ Sime_	
Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	•	ecords, enter the name of the new
	_	
Name of New Registered Agent:	Some	
New Registered Office Address:	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code

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 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

Authorized Member being added or removed from our records:

thorized Member		FILEN	
<u>Name</u>	Address	2014 DEC 22 PM 3-10	Type of Action
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Filing Fee: \$25.00

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MALLAHASSEE, FLORIDA