## LD6000105141

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## COVER LETTER

TO: Registration Section

Division o	of Corporations			
eud iece.	De Stefano Engineering Gr	oup, PL		
SUBJECT:	Name of La	mited Liability Company	<b>-</b>	
The enclosed Artic	les of Amendment and fee(s) are st	ibmitted for filing.		
Please return all co	rrespondence concerning this matte	er to the following:		
	Mark A. De Stefano			
	De Stefano Engineering (	Name of Person Group, PL		
	341 Interstate Blvd	Firm/Company		> 2
	Sarasota, FL 34240	Address		
		City/State and Zip Code	2	
		(to be used for future annua	l report notifier	ition)
For further informa	tion concerning this matter, please	eall:		
Kelly Pace			71-1724	
N	ame of Person	at () Area Code	Daytime T	elephone Number
Enclosed is a check	for the following amount:			
■ \$25,00 Filing F	ee   S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D P. T.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Registra Divisior Clifton 1 2661 Ex	T/COURIER ation Section t of Corporation Building secutive Cente (sec. FL 3230)	r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

De Stefano Engineering Group		ny as it now appears on our reco	ords.)
The Articles of Organization for this Limited I Florida document number L06000105141			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designation "L	A.C." or the abbreviation "L.L.C."
Inter new principal offices address, if appli		341 Interstate Blvd	
Principal office address MUST BE A STREET ADDRESS)		Sarasota, FL 34240	
			-4 - 4
Inter new mailing address, if applicable:		341 Interstate Blvd	5 in
Mailing address MAY BE A POST OFFICE BOX)		Sarasota, FL 34240	ليـ ليـ
			<i>េ</i> ង ឃ
3. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	rds, enter the name of the r
New Registered Office Address:	241 Interstate Divid		
Then Inglistered Office Frontess.		Enter Florida street add	ress
	Sarasota	,	Florida <u>34240</u>
		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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the	10/01/201 date of filing:	(ontional)
fan effective date is listed, the date mu	st be specific and cannot be prior to date of fill ock does not meet the applicable statute	lling or more than 90 days after filing.) Pursuant to 605,020 ory filing requirements, this date will not be listed as
e record specifies a delayed The 90th day after the rec	d effective date, but not an effe ord is filed.	ective time, at 12:01 a.m. on the earlier o
October 1	2018	
	Muh	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00