## 060001198

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## **COVER LETTER**

то:	Registration Se Division of Cor			
CUBI	BEC Consu			
SUBJI	ECT:		nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Charles E. Benedict, Ph.D	., P.E.	
			Name of Person	
		BEC Consulting LLC		ted for filing. the following:  E.  Name of Person  Firm/Company  Address  City/State and Zip Code  e used for future annual report notification)  at (
			Firm/Company	<del></del>
		3660 Hartsfield Road		
			Address	<del> </del>
		Tałlahassee, FL 32303		
		cbenedict@becind.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information e	oncerning this matter, please c	all:	
Charle	s E. Benedict, PhI	D., P.E.		
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	* -	Certificate of Status & Certified Copy

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



2019 JUL -8 PH 4: 24

BEC Consulting LLC	<u> </u>	,	
(Name of the Limited Liability Compa (A Florida Limited)			
The Articles of Organization for this Limited Liability Company Florida document number L06000111918	were filed on 11/17/2006	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
	Pro Company and the second sec	Alex Section 1 CV	
The new name must be distinguishable and contain the words "Limited Liabi	-	indreviation "L.L.C.	
Enter new principal offices address, if applicable:	3660 Hartsfield Road		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32303		
Enter new mailing address, if applicable:	3660 Hartsfield Road		
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32303		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _	Zip Code	
	City	<i>Хір Соде</i>	

## 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Goeke, Iola J., SPHR	3660 Hartsfield Road, Suite 104	□ A 44
<del></del>		Tallahassee, FL 32303	Add
			■ Remove
		3660 Hartsfield Road	
			Change
MGR	Charles E. Benedict, Ph.D., P.E.	Tallahassee, FL 32303	
		<del> </del>	
			☐ Remove
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record The 90	d specifies a th day after	delayed effective the record is file	ve date, but led.	not an effect	ive time, at 12	2:01 a.m. on th	e earlier o
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	/	1 100/14	20	<b>-</b> /			

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Typed or printed name of signee

Filing Fee: \$25.00