L0800021450

(Requestor's Name)					
(Address)					
(Ad	dress)				
•	······································				
(01)	(0) (7: (0)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(54	Sinces Emily Har	110)			
(Do	cument Number)	1			
Certified Copies Certificates of Status					
Special Instructions to I	Filing Officer:				
opeoial instructions to	ining Officer.				
					





200138505302

12/11/08--01033--001 **25.00



S. HAWKES

DEC 1 2 2003

EXAMINER

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	MEACONS ENG (Name of Lim	TINEELING INTER	NATIONAL LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	NUKUL	(Name of Person)	
	MEACONS		INTERNATIONAL LLC
	4959 Pin	EMOLE LN (Address)	
	LAKE WO	City/Spate and Zip Code)	3
For further information of	concerning this matter, please c	all:	
NuRuL (Name	1 S L A M	at (<u>561)</u> 543- 021 (Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□\$30.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

孝 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

ENGINEERING INTERNATIONAL LLC

(Name of the Limited Li (A Fl	orida Limited Liab	as it now appears pility Company)	s on our records.)	
The Articles of Organization for this Limited Liab	ility Company we	ere filed on F	B 284 08	and assigned
Florida document number Lo80002145	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8
This amendment is submitted to amend the follow				7
A. If amending name, enter the new name of th	ie limited liabilit	cy company nero		3 5
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	Liability Compar	ny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable	le:	4959	PINEMORI	LN
(Principal office address MUST BE A STREET ADDRESS)		LAKE	WORIL, FL	33463
Enter new mailing address, if applicable:		49 59	PINE MORE	LN
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> -	LAKEU	DORUH, FC	33463
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on o	ur records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:	NOLUL	Islan		
New Registered Office Address:	4 959	Pins MOR	E LN , ter Florida street add	ress)
_		અ ઢશામ	, Florida	33463
	((City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

MEACONS

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 Changes 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 = Managing Member **Type of Action Title Address** <u>Name</u> MGR NURUL M ISLAM ENG 8105 KOSTANA. EHSANUL KARIM. P. EMG MGRM مح ممموم مح 5180 NE 1814 MGRM NASSAR F MEHR PHD Remove FORTLAUDERDAIE NOOR - J. | SLAM PINE MORE LN FRAdd MGRM Remove LAKEWORIL, 🗂 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) nature of a member or authorized representative of a member NURUL M /SLHM
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00