

LD9000041994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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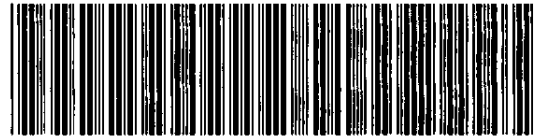
(Business Entity Name)

(Document Number)

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10 JUL -6 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 07 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corbel Consulting Engineers
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:

William A. Shallcross Jr.

Name of Person

Corbel Consulting Engineers

Firm/Company

1450 Bonnie Burn Cir

Address

Winter Park FL 32789

City/State and Zip Code

wshallcross@corbelengineers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William A. Shallcross Jr.

Name of Person

at (321)

356-6400

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Corbel Consulting Engineers

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/30/2009 and assigned
Florida document number L09000041994.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1450 Bonnie Burn Cir

Winter Park FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1450 Bonnie Burn Cir

Winter Park FL 32789

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CLERK OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

William A. Shallcross Jr.

New Registered Office Address:

1450 Bonnie Burn Cir

Enter Florida street address

Winter Park

City

Florida

32789

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 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 Changing 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William A. Shallcross Jr.	1450 Bonnie Burn Cir Winter Park FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jeffrey H. Porter	100 FOREST CIRCLE ORLANDO FL 32803	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN: 01-0970823

Dated

6/25, 2010

Signature of a member or authorized representative of a member

William A. Shallcross Jr.

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA