(Requestor's Name)
(Address)
, , ,
(0.11)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Walle)
(Document Number)
Certified Copies i`.v:Certificates of Status
Special Instructions to Filing Officer:

A. LUNT

JUL 28 2009

**EXAMINER** 

Office Use Only



600158878586

07/27/09--01053--016 \*\*55.00

## **COVER LETTER**

TO:

Т0:'	Registration Sect Division of Corpo					
·. Subje	:СТ:	MGA Engineer	ing Consultants, LLC			
		Name of Limi	ted Liability Company			
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please 1	return all correspon	dence concerning this matter	to the following:			
			James E McMullan			
			Name of Person			
		MGA En	gineering Consultants, L	LC.		
			Firm/Company		1A.c. 22	
		5	548 Yellow Tail Place		LLA ECA	
			Address			•
			Oviedo, FL 32766			1
			City/State and Zip Code	PM 3: 2	ľ	
		jmo	cmullan@mgaeng.com to be used for future annual report n		2009 JUL 27 PH 3: 23 SECRETARY OF STATE ALLAHASSEE, FLORID,	Ĺ
For fur	ther information co	e-mail address: ()	_	ouncation)	<sub>Σ</sub> ω	
	Jame	es McMullan	at ( 407 )	595-0331		
	Name of			time Telephone Number	r	
Enclose	ed is a check for the	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	ate of Status &	
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive	rporations g		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGA E	ngineering (	<u>Consultants,</u>	LLC.	·
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited I	<u>ny as it now appea</u> Liability Company)	irs on our records.	
The Articles of Organization for this Limited Li	ability Company			2005 UL 27 SEARETARY TALLAHASSE
Florida document numberL0900044  This amendment is submitted to amend the follo	wing:		ूर्व क	
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	3: 23 STATE LORID,
McMui	lan, Green &	Associates, LL	.C.	Σ ω
The new name must be distinguishable and end with "L.L.C."	h the words "Limi			
Enter new principal offices address, if applica	ıble:	1000 N. Orla	ando Avenue, Sui	te K F N
(Principal office address MUST BE A STREE	T ADDRESS)	Winter Park,		
Enter new mailing address, if applicable:		1000 N. Orla	indo Avenue, Sui	te & FU
(Mailing address MAY BE A POST OFFICE I	BOX)	Winter Park,	FL 32789	
B. If amending the registered agent and/or the new registered of			our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	Herbert L G	reen	0/	<i>l</i>
New Registered Office Address:	lando Avenue, Suite Enter Florida street address			
		E.	nier r iorida street ad	aress
	v	Vinter Park	, Florida	32789
		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 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby 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

<u>Titlė</u>	Name	<u>Address</u>	Type of Action
MGRM	Herbert L Green	1000 N. Orlando Avenue, Suite	Add ☐ Remove
			Add Remove
			Add 20 THE Remove
			L 22 Response 3:
			REMOVE
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.	) 
Dated	Manna		
	Signature of a r	nember or authorized representative of a member	
		James E McMullan Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00