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O9 JUN 29 AN II: 26
SECRETARY OF STATE
TALLAHASSEE FLORIO

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COVER LETTER

| TO: Registration S Division of Co | | | • | | |
|--|--|---|--|--|--|
| SUBJECT: JEC ENGINEERING SERVICES, LLC | | | | | |
| | | ited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | | |
| | | Jason Coates | | | |
| | Name of Person | | | | |
| | JEC ENGINEERING SERVICES, LLC | | | | |
| | Firm/Company | | | | |
| | | 713 50th Street East | | | |
| | | Address | | | |
| | Bradenton FL, 34208 | | | | |
| | | City/State and Zip Code | | | |
| | COS | tes.jasone@gmail.com to be used for future annual report notifica | tion) | | |
| For further information | concerning this matter, please | • | | | |
| Ļ | ason Coates | at (941) 9 | 14-4242 | | |
| Name of Person | | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



09 JUN 29 AM 11: 26

JEC ENGINEERING SERVICES, LITAL ANASSEE FLORIDA
(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 Liabi | ility Company were filed on | 05/26/2009 | and assigned |
|--|-----------------------------------|---------------------------------------|---------------------------------------|
| Florida document number L090005060 | | | |
| This amendment is submitted to amend the following | ing: | | |
| A. If amending name, enter the new name of th | e limited liability company her | <u>re</u> : | |
| JEC I | Drafting and Design, LLC | | |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limited Liability Compa | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicabl | le: | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | |
| | | | |
| · | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | · · · · · · · · · · · · · · · · · · · | |
| | | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | our records, <u>enter tl</u> | ne name of the new |
| Name of New Registered Agent: | | | ···· |
| New Registered Office Address: | | | |
| | En | ter Florida street addı | ess |
| _ | | , Florida | |
| | 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, 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 = M MGRM = | anager Managing Member | | |
|-------------------|---|---|-----------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| D. If amer | nding any other information, enter chan | age(s) here: (Attach additional sheets, if necess | <i>ary.)</i> |
| | | | O9 JUN 29 A) SECRETARY OF |
| Dated | June 25 , _ 2 | 2009 | AN II: 26 OF STATE EFLORIDA |
| | Signature of a member | er or authorized representative of a member | |
| | Type | Jason Coates d or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00