L09000056030

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C. LEWIS

JUL 9 2009

EXAMINER

COVER LETTER Registration Section **Division of Corporations** Shroyer The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Steve Shroyer Shroyer Drapala Engineering Firm/Company Bradenton Fl 34206 Shroyer. Steve @ 6mail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Steve Shroyer at (941) 962 6533

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$30.00 Filing Fee Scrifficate 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



June 30, 2009

STEVE SHROYER SHROYER DRAPALA ENGINEERING LLC P.O. BOX 9282 BRADENTON, FL 34206

SUBJECT: SHROYER ENGINEERING LLC

Ref. Number: L09000056030

We have received your document for SHROYER ENGINEERING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 309A00022442

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations P.O. POY 6227 Tallahassas Florida 22214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ng IIIL-8 PM 3: 46

Shraver Ex	nameerina		CECRETARY OF STATE LECRETARY OF STATE LECRETARY OF STATE LECRETARY OF STATE
(Name of the Limited Li (A F)	ability Company as i	now appears on our Rev Company)	POPULE HASSES
	_		•
The Articles of Organization for this Limited Liab	ility Company were	iled on <u>June 9, 20</u>	and assigned
Florida document number <u>L 0900056</u>	<u>6030</u>	·	
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability co	ompany here:	
Shrover Drapala	Engineeri	na LLC	
Shroyer Drapala The new name must be distinguishable and end with the "L.L.C."	he words "Limited Lia	bility Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	4DDRESS)		
		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	20. Box 93 Bradenton	282 F1 34206
B. If amending the registered agent and/or registered agent and/or the new registered office		ldress on our record	s, enter the name of the new
Name of New Registered Agent:	_		
New Registered Office Address:			
		Enter Florida	street address
		, F	lorida
	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 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:

MGŘ = Manager

	<u>Name</u>		Address	Type of Action
				D D D D D D D D D D D D D D D D D D D
				— 5
				
				AddRemove
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amen	ding any other informa	ntion, enter chan	ge(s) here: (Attach additional shee	ets, if necessary.)
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	june 💥	Jours -	Mayon or or authorized representative of a me	ALLLAHASSEE, FLORID

Page 2 of 2

Filing Fee: \$25.00