## 109000073960

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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09/06/18--01009--525 \*\*25.00

Effective - C9 15/2018

SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER SEP 12 2018

## **COVER LETTER**

TO:	-		,,	
, SUBJI	ест: <u>Ĺ. А.</u>	Mechanical (	LC	<u>.                                    </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter.   Service				
The en	iclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		Maria E	Ru. 2	
			Name of Person	
		LIHA	ccs unting Scrvice	
		7750	S. W. /17 Are	
			Address	
		mian	n FC 33/83	
	•			
	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  nurn all correspondence concerning this matter to the following:    Mar. & L R	n (light on )		
For fur	ther information conce			incusion,
	maria	E. Ruz	at (301) 595-	⊋ 4.0 <b>γ</b>
	Name of Per	Son	Area Code Daytim	e Telephone Number
Enclos	ed is a check for the fo	ollowing amount:		
<b>G</b> \$2	5.00 Filing Fee C		Certified Copy	Certificate of Status &

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

(Name of the Limited Liability	Company as it now appears on our records.)
(A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on $\frac{S/3/2co3}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	8 × SEC
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AH 6: 02
B. If amending the registered agent and/or register	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ss here:
Name of New Registered Agent:	
New Registered Office Address:	
<del></del>	Enter Florida street address
	, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Member	Mike Angel. Alvarez	11935 S. W. 121 Are	Add
		miam: FL 33186	<b>□</b> Remove
			☐ Change
			Add
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	<del></del>		
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	A	7350A. 10 J.
	02	ALC:
f an et Note:	tive date, if other than the date of filing: 9/15/18 (optional) Decive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the feetive date on the Department of State's records.	5.0207 ed as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	9/3/18  Singular of a maphy or authorized recognization of a maphy	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00