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03/26/10--01032--012 **25.00

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Starks Engineering LLC 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:
Remo Starks Name of Person
Starks Engineering LLC Firm/Company
1800 North Bayshore Drive, Apt. 5097 Address
Migmi FL 33132 City/State and Zip Code Storksengin eering Q hot Mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reino Starts at (305) 963-4999 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Pagietration Section Section Pagietration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storks Enginee (Name of the Limited Liab) (A Flori	ering LC ility Company as it now appears on our reco da Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Florida document number <u>L090007673</u>		2019 and assigned	
This amendment is submitted to amend the following	3:	10 APR, 13 PM	
A. If amending name, enter the new name of the least the new name of the least the new name of the least the new name must be distinguishable and end with the		OF O	
"L.L.C." Enter new principal offices address, if applicable:		The second secon	
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flo	rida 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> Name <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Reina Starts
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00