## LD9000030195

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)				
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(City/State/Zip/Phone #)				
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PICK-UP WAIT MAIL				
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Business Entity Name)				
Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:  NAY ~1 2012	(Document Number)				
NAY =1 2012	Certified Copies Certificates of Status				
	Special Instructions to Filing Officer:				
L. SELLERS	NAY =1 2012				
	L. SELLERS				

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORID,

PER 27 PM Is OI

## COVER LETTER.

TO: Registration Division of C	Section— Corporations			
SUBJECT:	LYNX EN	GINEERING, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	r to the following:		
		LILY AMADOR  Name of Person		
		Name of Person		
SHOMAR ACCOUNTING, PA				
		Firm/Company		
		7777 NW 146TH ST		
		Address		
	MI	AMI LAKES, FL 33016		
		City/State and Zip Code		
	LILY@SI	HOMARACCOUNTING.CO	MC	
For further information	E-mail address: ( n concerning this matter, please of	to be used for future annual report not call:	ification)	
1	ILY AMADOR	205	825-1123	
Name of Person		at ( 305 ) Area Code & Daytin	me Telephone Number	
	r the following amount:			
<b> </b> ✓ <b>)</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)	
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LVAIV ENGINEEDING LLO

(Name of the Limited	NA ENGINE	ny as it now appears	on our records			
(Name of the Limited	Florida Limited I	Liability Company)	on our records,			
The Articles of Organization for this Limited L Florida document number L0900086		were filed on	08/19/2009	and assigned		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	oility company here	:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compar	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		7777 NW 146	7777 NW 146TH ST			
(Principal office address MUST BE A STREE	T ADDRESS)	MIAMI LAKES, FL 33016				
Enter new mailing address, if applicable:		7777 NW 146TH ST				
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI LAKES, FL 33016				
		<del> </del>				
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:			ır records, <u>enter tl</u>	ne name of the new		
New Registered Office Address:	7777 NW 14	46TH ST				
	Ente	er Florida street addr	ess			
	MIAMI LAKES City		, Florida 🗔	ਰ <b>33</b> 016		
				Zip Code		
New Registered Agent's Signature, if changing I			ASSE	27		
I hereby accept the appointment as registere	d agent and agr	ee to act in this cap	pacity. I further uga	ee to comply with		

If Changing Registered Agent, Signature of New Registered Agent

the provisions of all statutes relative to the proper and complete performance of my duties, and tam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Explication is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited that lity

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = MR $MGRM = N$	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WASIM SHOMAR	2600 DOUGLAS RD PH 7 CORAL GABLES, FL 33134	☐ Add ☑ Remove
MGR	WASIM SHOMAR	7777 NW 146 ST MIAMI LAKES, FL 33016	✓ Add ☐ Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
_			<del></del>
_	ADDII 04TH	0040	
Dated	APRIL 24TH	2012	
	Signature of a	nember or authorized representative of a member	
		MANAGER Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00