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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

OCT 24 2011

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	CSM ENGINEERING, LLC. Name of Limited Liability Company	 .
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	Charles Darden Name of Person CSM Engineering, LLE. Firm/Company 189 SW Montbrey Rd. Address Stuart, FL. 34994 City/State and Zip Code Cdarden @ CSmenginee E-mail address: (to be used for future annual report notification)	AM 8: 16 FOR STATE FE. FLORIDA
For further i	E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Average Average Average	
Enclosed is a	Certificate of Status Certified Copy Cadditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	MAILING ADDRESS: STREET/COURIER ADDRI Registration Section Registration Section	ESS:

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

CSM ENG	INEERING, L	.LC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears or limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	10 9/ 200 9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· <u></u>	291 SE TAL
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address Name of New Registered Agent:		records, <u>enter the name</u> of the <u>new</u>
New Registered Office Address:	Enter I	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 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 Title Title **Address** <u>Name</u> Type of Action Douglas R. Davis 7/6 NW North River Dr. XAdd stuart, FL 34994 Rem MGR __ Add Remove ☐ Add Remove Remove □ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Current Registered Agent: Charles A. Darden Jr.

OID Personal address: 5840 NW Windy Pines PortSt. Lucie FL 34986
"New"Personal address: 4643 SW Bradbury Dated October 10 2011 Signature of a member or authorized representative of a member CHARLES A. DARDEN
Typed or printed name of signee

Filing Fee: \$25.00

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