(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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		OCT - 5 2010
	EX	AMINE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GERMANA AND ASSOCIATES ENGINEERING, LL 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:			
CHRISTOPHER GERMANA Name of Person GERMANA AND ASSOCIATES FUGINEERING, LLC Firm/Company 12707 CYNTHIA LANE Address CLERMONT, FL 34715 City/State and Zip Code CHRISTOPHER GERMANA QYAHDO SCOM E-mail address: (to be used for future annual report notification)			
GERMANA AND ASSOCIATES FUCINEERING, LLC			
12707 CYNTHIA LANE ASSET I			
CLERMONT, FL 34715 City/State and Zip Code CHRISTOPHER & GERMANA P YAHEM SCOM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CHRISTOPHER GERMANA at (352) 516-4303 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: \$\Begin{array} c c c c c c c c c c c c c c c c c c c			

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

GERMANA AND	ASSOCIATES ENGINEERING, LLC
(Name of the Limited Liability Comp (A Florida Limited	ASSOCIATES ENGINEERING, LLC pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare	ny were filed on $\frac{11/13/2009}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
GERMANA ENGINE	FRING AND ASSOCIATES, LLC imited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	inned Elability Company, the designation Liber of the aboveviation
Enter new principal offices address, if applicable: $$	//A
(Principal office address MUST BE A STREET ADDRESS)	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	OCT-4 PM 3: 56 CALLARY DE STATE AHASSEE, FLORIDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR=!	Manager — Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
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			A A TA Add
			And
D. If am	ending any other information, enter cha	ange(s) here: (Attach additional	sheets, if necessary.)
Dated	OCTOBER, OI	2010. hustopher	Lann
		nber or authorized representative of OPHER OFRMA ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00