## 109000111267

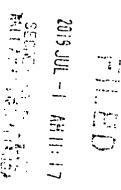
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## **COVER LETTER**

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CHBI		il Design, LLC					
SUBJI	EC1:	Certificate of Status Certified Copy Certificate of Status Certified Copy (Certificate of Status Certified Copy is enclosed) Certificate of Status (Certified Copy is enclosed)					
Please	return all correspo	ondence concerning this matter	to the following:				
		Jeremy Couch					
		·	Name of Person				
		Tampa Civil Design, LLC					
							Address
		Lutz, FL 33558					
			City/State and Zip Code				
		· ·		<del></del>			
				ication)			
For fur	ther information o	oncerning this matter, please ca	all:				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	ed is a check for t	ne following amount:					
\$2	5.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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

lampa Civil Design, L	<u>lc                                    </u>
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) (Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L09000111267</u> .	filed on 11/19/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	型品
	<u> </u>
	1.
Enter new mailing address, if applicable:	A THE STATE OF THE
(Mailing address MAY BE A POST OFFICE BOX)	1 三 二
	The state of the s
	₹1 ( <u> </u>
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci	ity 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 ameriding 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Peter Lemay	17937 Hunting Bow Circle, Ste102, Lutz, FL 33558	
			Remove
			Change
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Effective date, if other th	an the date of fi	iling:		ſœ	্ট্রু ptional)	<del></del>	
If an effective date is listed, the one of the list of	this block does n	ot meet the appl	licable statutory	or more than 90 days.	after filing.) Pur		
ne record specifies a de The 90th day after th			not an effecti	ve time, at 12:0	)1 a.m. on t	he earlie	r of
Dated June 26	-	2019					
			<del>)</del> .				
	Signature	of a member or au	thorized represent	ative of a member	<del></del>	<del></del>	
/ /							

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Filing Fee: \$25.00