

LO9000121678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

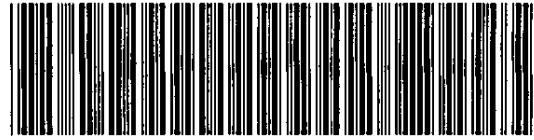
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 20 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARRIER Properties 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:

BRIAN S. CARRIER
Name of Person

CARRIER Properties LLC
Firm/Company

P.O. Box 1281
Address

LAND O LAKES, FL. 34638
City/State and Zip Code

brian@EPS Southeast.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN S. CARRIER at (813) 841-9146
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

CARRIER Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number LO9000121678

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Engineered Products & Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7002 E. Broadway
Tampa, FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Luis J. Navarro

New Registered Office Address:

3554 SW. 173rd Terrace

Enter Florida street address

Miramar

City

Florida

33029

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.

Luis J. Navarro

If Changing Registered Agent, Signature of New Registered Agent

If amending 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>	<u>Type of Action</u>
<u>President</u>	<u>Luis J. Navarro</u>	<u>3554 SW 173rd Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>McMinn, FL 33029</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Treasurer</u>	<u>Orinon I. Garcia</u>	<u>4148 SW 153rd Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>McMinn, FL 33029</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Vice President</u>	<u>Brian S. Cannon</u>	<u>21303 Marsh Hawk Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Lands o Lakes, FL 34638</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Secretary</u>	<u>Michael D. Henry</u>	<u>3707 Old Mulberry Road</u>	<input checked="" type="checkbox"/> Add
		<u>Plant City, FL 33567</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Percentage of ownership:

Luis J. Navarro	40 %
Brian S. Carreira	30 %
Onimien Garcia	20 %
Michael D. Henry	10 %

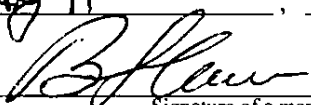
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 11, 2017.


Signature of a member or authorized representative of a member

Brian S. Carreira
Typed or printed name of signee

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