## L09000121678

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Engreened Programme	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this r	natter to the following:
BRIM	S. CARLYER Name of Person
Englacous	Products & Services LLC Firm/Company
21303	Mans H Hawk Onive
Lando	City/State and Lip Code  City/State and Lip Code  Complete Southers. Complete (to be used for future annual report notification)
beau.	dress: (to be used for future annual report notification)
For further information concerning this matter, pl	ease call:
Brown S. CARlier	at (813) 841 – 9146 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	e vixisly All
1 \$25.00 Filing Fee 11 \$30.00 Filing Fee Certificate of Sta	& ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
<u>Mailing Address:</u> Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahussee El 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 01/02/2010 and assigned Florida document number \_L09000121678 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 21303 MarsH Haut Drive Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

## 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 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 Type of Action Name Address Mange Briso S. CAPRIER 21303 MansH Hawt Dive and 4148 SW 153rd Terrane Add Managry Mauba ON men I Gorch M.Whan, F1. 33029 Externove \_\_\_\_\_ □Change Managay Meanse Michael O Hong \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove

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Tective date, if other than the conception of the date is listed, the date must the tithe date inserted in this blo	he specific and cannot be p ck does not meet the ap	plicable statutory (	or more than 90 days afte	ional) r filing.) Pursuant to 605,020 is date will not be listed a
cument's effective date on the Dej	partment of State's reco	rds.		
cond specifies a delayed effective is filed.				b) The 90th day after the
2/1/202	Signature of a member or a			
ted 5/10/10/2	// -			

Filing Fee: \$25.00



October 24, 2022

BRIAN S. CARRIER 21303 MARSH HAWK DRIVE LAND O LAKES, FL 34638

SUBJECT: ENGINEERED PRODUCTS & SERVICES LLC

Ref. Number: L09000121678

We have received your document for ENGINEERED PRODUCTS & SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 622A00023756

