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C. LEWIS

APR _ 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HORIZONTAL ENGINEERS LLC Name of Limited Liability Company
. mile of British Blacking Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Santa Principa
Name of Person
HOWIZONTAL ENGINEERS LLC Firm/Company
9051 COUNTY RD 30
PORT ST TOF F. 32456 City/State and Zip Code
HANDE OF FAIR POINT NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SCOTT PULLING at 850 229-1605 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

FILED

新 经 图 科斯斯

HORIZONTAL Name of the Limited Liab	ENGINEERS ility Company as it now appea da Limited Liability Company)	rs on our records	CRETARY OF STATES
The Articles of Organization for this Limited Liabilit		1-4-10	and assigned
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the ALLA ROPEK The new name must be distinguishable and end with the "L.L.C."	ITY MGMT	LLC	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
	 	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Fil	
	E)	nter Florida street a	aaress
	City	, Florida	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:

<u>Name</u>	<u>Address</u>	Type of Action
		Remove
		Add Remove
was and the second of the seco		
ending any other infor	mation, enter change(s) here: (Attach additional shee	ets, if necessary.)
·3-30-20	. 1	A SSEE FI

Page 2 of 2

Filing Fee: \$25.00