

L10000104636

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 28 AM 10:19

FILED

J. SAULSBERRY
EXAMINER

OCT 29 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MODUSS ENGINEERING, 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:

JEFFREY D. PEQUEEN

Name of Person

MODUSS ENGINEERING, LLC

Firm/Company

580 EAST MAIN STREET

Address

BARTOW FLORIDA 33830

City/State and Zip Code

JPEQUEEN@MODUSS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY D PEQUEEN

Name of Person

at (813)

613-4304

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

MODUSS ENGINEERING, 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 10/06/2010 and assigned
Florida document number L10000104636.

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 end with 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)

580 EAST MAIN STREET

BARTOW FLORIDA 33830

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

580 EAST MAIN STREET

BARTOW FLORIDA 33830

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:

JEFFREY D PEQUEEN

New Registered Office Address:

580 EAST MAIN STREET

Enter Florida street address

BARTOW

City

Florida

33830

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.

Jeffrey D. Pequeen
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:

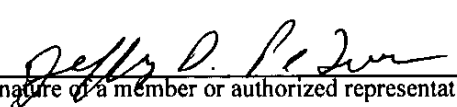
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JEFFREY D PEQUEEN	580 EAST MAIN STREET BARTOW FLORIDA 33830	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	L KEVIN WELCH	580 EAST MAIN STREET BARTOW FLORIDA 33830	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAEL D PHELPS	580 EAST MAIN STREET BARTOW FLORIDA 33830	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member

JEFFREY D PEQUEEN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 28 AM 10:19

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