## L10000 121707

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300325877733

#3/18/19--01025--013 \*\*30.00

KUEMIEJ J

## **COVER LETTER**

SUBJECT:	.CM Engineering, PLLC				
	Name of Lim	ited Liability Company	<u></u> _		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tree Teresa A Tie	etsort			
		Name of Person			
	LCM Engineering	, PLLC			
Firm/Company					
	5294 Summerlin	Commons Way, Suite 1201			
		Address			
	Fort Myers, Florid	a 33907			
		City/State and Zip Code	<del></del>		
	Tree@lcm.com				
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information of	oncerning this matter, please ca	all:			
Tree Tietsort		at ( <u>239</u> ) 590.026			
Name (	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	ne following amount:				
S25.00 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

Registration Section Division of Corporations

TO:

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

	LCM Engineering, PLLC	2019 MAR 18	
(Name of the Limited	Liability Company as it now appear y Florida Limited Liability Company)	OR YARY (See on our records) ALLAHASSEE.	FISTATIC IFLORIDA
The Articles of Organization for this Limited Lial	oility Company were filed on	11/23/2010	_ and assigned
Florida document numberL10000121707	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de	signation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicat	ole:	<del></del>	<del></del>
Principal office address MUST BE A STREET	ADDRESS)	<del></del>	
			<del></del>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE By	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the
	,		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flori	da street address	
		, Florida	
	City		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 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>	Name	Address	Type of Action
Vice President	James H Howard	5294 Summerlin Commons Way	🖾 Ađd
		Suite 1201	□ Remove
		Fort Myers, Florida 33907	☐ Change
Secretary	Jody Łovejoy	5294 Summerlin Commons Way	
		Suite 1201	□ Remove
		Fort Myers, Florida 33907	Change
<u></u>			
			Remove
			Change
			Add
			□ Remove
			□ Change
			Remove
			Change
			□ Change

-					
					<del></del>
-					
				-	
	<del></del>	<del></del>	·		
		<u> </u>		<del></del> .	
<del></del>				<del></del>	
	<del></del>				
<del></del>					
<del>-</del> ·			<u> </u>		
Effective date, if other	er than the date of fili I, the date must be specific a	ıng: <u>Februar</u>	y 12, 2019	(optiona	ıl)
(If an effective date is listed Note: If the date inser	I, the date must be specific a ted in this block does not	ind cannot be prior	to date of filing or mo	e than 90 days after filir	ng.) Pursuant to 605.020
	ate on the Department of			requirements, tins da	te will not be fisted a
the record enecifies	a delayed affective	data but no	t an offoctive ti	no at 12:01 a m	on the carlier of
The 90th day aft	a delayed effective er the record is filed	date, but not d.	t an enective (ii	ne, at 12.01 a.n	i. on the earner t
45 1	March 12	2010			
Dated		_: 2019	<u> </u>		
( -			<u> </u>		
			-z-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00