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SECRETARY OF STATE
FALLAHASSEE. FLORID

D. BRUCE

JUL 1 2 2011

**EXAMINER** 

## **COVER LETTER**

10:	Division of Cor				
SUBJE	CT:	HSL En	gineering, LLC		
	<del></del>	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sui	bmitted for filing.		
Please 1	return all correspo	ondence concerning this matter	r to the following:		
			Philip G. Barnes		
			Name of Person		
		<u> </u>	ISL Engineering, LLC		
			Firm/Company		
		825			
			Address		
		Н	lobe Sound, FL 33455		
			City/State and Zip Code	ALLL ALLL	ñ
		E-mail address: (	hsInuclear@att.net to be used for future annual report notific	ation)	
For furt	ther information o	concerning this matter, please of	call:	ation)  85-1308 Telephone Number	
	. "Phi	lip G. Barnes	ეფეგითის ექა at ( 772 ენის მერ	85-1308 FLST	(
	,	of Person	Area Code & Daytime	85-1308 Telephone Number REF STATE ROPE STAT	
Enclose	ed is a check for t	he following amount:			
<b>₹</b> \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
		,•	,		
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions professional and the second se	

Line signal is proceeding the condition of proceedings of

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HSL Engineering, LLC		
(Name of the Li	mited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.	
The Articles of Organization for this Limi	ited Liability Company were filed on	05/11/2011	and assigned
Florida document numberL1100	00055543		
This amendment is submitted to amend th	e following:		
A. If amending name, enter the new na	me of the limited liability company he	ere:	
	HSL Nuclear, LLC		
The new name must be distinguishable and e "L.L.C."	nd with the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if a	pplicable:		
(Principal office address MUST BE A ST	TREET ADDRESS)		
		ļ	
Enter new mailing address, if applicabl	e:		
(Mailing address MAY BE A POST OFF	FICE BOX)		
	<del></del>		
B. If amending the registered agent	and/on maistaned office address on	our manards antar th	DAME the new
registered agent and/or the new register		our records, <u>enter ti</u>	> the new
Name of New Registered Agent:			
New Registered Office Address:			
		nter Florida street addr	ess
		, 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 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:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
	·		Add Remove		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
D. If amendal	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	11 JUL I 1 BM BY 40 SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Dated	,	·			
	<del>-</del>	er/or authorized representative of a member			
	Type	Philip G. Barnes			

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Filing Fee: \$25.00