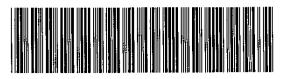
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(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	243 X3788	JLL puisss un	·
	Name of Limit	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	ace concerning this matter	to the following:	
· _	DEE W	unleg	
		Name of Person	
	ISLANDER	Accounting LLC Firm/Company	
		Firm/Company	
	1127 80W	TH PHTRICK DRIVE	Suite 3
_		Address	
_	SHTELLITE	Bench, FL 3293" City/State and Zip Code	1
15LANDER			
7 2 5 4 10 DC	E-mail address: (to	be used for future annual report notificat	ion)
For further information conce	rning this matter, please ca	alt:	
DEE MULLS	<u>e</u>	at (321) 600-084 Area Code & Daytime T	0,
Name of Pers	ion	Area Code & Daytime T	elephone Number
Enclosed is a check for the fol	llowing 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

		ω 55+	
ARETEX ENGENEE			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
	• • •	: 5	
The Articles of Organization for this Limited Liability Con	mpany were filed on 8/6/12	and assigned	
Florida document number <u>L12000100881</u>			
This amendment is submitted to amend the following:	Employer Identification No 46-0725352	imber:	
A. If amending name, enter the new name of the limite	ed liability company here:		
ARETEX SAIGINISSOIMS	110		
The new name must be distinguishable and end with the words "L.L.C."	s "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 ADDRE	ESS)		
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		the name of the new	
registered agent and/or the new registered office addre	ess nere:		
N CN D in 14			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 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:

	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u>. </u>			AddRemove
			Add Remove
	<u>.</u>		Add Remove
			AddRemove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
	WE HAVE (2) TYPO'S	change(s) here: (Attach additional sheets, THE FIRST ONE IS IN EERING — SHOWED BE	Sugineer The Day of Second Constitutions
	THE BECOND TYPO	S IN MCRM CHOLAMI	TARY OF CORPOR
Dated	08/07	2012	00 50
\ e ~	Signature of a r	nember or authorized representative of a memi	
\$\$c.	ersepiden Will	Typed or printed name of signee Page 2 of 2	decommend y

Filing Fee: \$25.00