L13000020926

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COVER LETTER

Division of Co	rporations		
Talamas S ₁ SUBJECT:	pecialty Products, LLC	•	
Sobole 1.	Name of Lin	ited Liability Company	
Thomas I and Amilatas at	· A		
The enclosed Afficies of	Amendment and fee(s) are sub	omitted for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michelle Gomez		
		Name of Person	
	Engineered Equipment Sys	stems LLC	
		Firm/Company	
	1349 Falling Star Lane		
		Address	
	Orlando, FL 32828		
		City/State and Zip Code	
	michelleg@engineeredequi	-	
		to be used for future annual report noti	lication)
For further information of	concerning this matter, please c	all:	
Michelle Gomez		305 490-8361 at ()	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he 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 5		Street Address: Registration Sec	etion

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L13000020926	iability Company	were filed on 02/11/2013	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Engineered Equipment Systems, LLC			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	1349 Falling Star Lane	
(Principal office address MUST BE A STREI		Orlando, FL 32828	
Enter new mailing address, if applicable:		P.O. Box 781484	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32878-148	4
B. If amending the registered agent and/or agent and/or the new registered office addre			enter the name of the new regis
Name of New Registered Agent:	Jakonon Talamas		
New Registered Office Address:	15286 SW 115	th Terrace Enter Florida stree	Ladder
		r,nier v torida stree	
	Miami		Florida 33196
		Cuy	Zip Codê _s

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.

> Sal Talamas 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>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			Петюvе
			Change
	···		□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Page 2 of 3

Dated April 2	ecord is filed.		
the record specifies a delay	yed effective date, but not ar	n effective time, at 12:01 a.m. on the ϵ	earlier of:
(If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet the applicable	te of filing or more than 90 days after filing.) Pursuant statutory filing requirements, this date will not b	ne fisted as the
. Effective date, if other than t	he date of filing:	(optional)	
			
-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00