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### **COVER LETTER**

TO: Registration Section
Division of Corporations

ELEVATOR ENGINEERING SPECIALISTS, 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:

# Joseph M. Kusnir, Jr.

Name of Person

## ELEVATOR ENGINEERING SPECIALISTS, LLC

Firm/Company

# 171 Mulligan Place

Addres:

Jupiter, FL 33458

City/State and Zip Code

jkusnir@me.com

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

For further information concerning this matter, please call:

Joseph M. Kusnir, Jr.

\_\_561**\317-6547** 

Name of Person

Area Code & Daytime Telephone Number

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

## ELEVATOR ENGINEERING SPECIALISTS, 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 Liabilit	y Company were filed on 5/20/2013	and assigned
Florida document number L13000073087	·	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET AL	ODRESS)	
		· · · · · · · · · · · · · · · · · · ·
		2 2
Enter new mailing address, if applicable:	N/A	المورد
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	j, a
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:	/A	
New Registered Office Address:		
	Enter Florida st	reet address
	, Flo	orida
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lourdes G. Kusnir	171 Mulligan Place	Add
		Jupiter, FL 33458	Remove
<del></del>			Add
			Remove
			Zo Zoda
			Remove (
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			Remove
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amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	,
	San Lun
<del></del>	Signature of a member or authorized representative of a member
	Loudes Kusnic  Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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