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## **COVER LETTER**

	istration Secti ision of Corpo					
CUBIECT.	Elevator E	ngineering Specialists	s, LLC			
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	ence concerning this matter	to the following:			
		Joseph M. Kusnir, Jı	r.			
			Name of Person		-	
		Elevator Engineering	g Specialists, LLC			
			Finn/Company		-	
		171 Mulligan Place				
			Address		-	
		Jupiter, FL 33458				
			City/State and Zip Code		-	
		jkusnir@me.com			,	
		E-mail address: (	to be used for future annual repo	ort notification)	2015 ALT	_
For further in	nformation con	cerning this matter, please co	all:		AA ₹	T
Joseph M	l. Kusnir, Jr		561 317-6	6547	JAN 20 SETARY AHASSE	Marine and American
	Name of Po			Daytime Telephone Number		
		following amount:			S . C	
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ate of Status &	

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 Liability Company were filed on  $\underline{5/20/2013}$ and assigned Florida document number \_L13000073087 This amendment is submitted to amend the following: 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 words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lourdes G. Kusnir	171 Mulligan Place	
		Jupiter, FL 33458	Remove
MGRM	John H. Creswell	4459 SE Kubin Ave	<b>■</b> Add
		Stuart, FL 34997	Remove
			□ Add
			□ Remove
			☐ Add
			JAN 20 PH 3: 5 AHASSEE FLORIDA
			□ Add
			Remove

the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Particularly 13 , 2015	Florida Department of State)  , 30 15  Signalure of a member or authorized representative of a member		
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Joseph M. Kusnir, Jr.		ted January 13	rida Department of State)

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