Division of Corporations Electronic Filing Cover Sheet

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(((H13000200385 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCED MECHANICAL SYSTEMS, LLC

Certificate of Status 0 Certified Copy 05 Page Count \$25.00 Estimated Charge

> K. SALY EXAMINER

SEP 1 0 2013

Electronic Filing Menu

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Corporate Filing Menu

Help

COVER LETTER

	Registration Sec Division of Corp						
Advanced Mechanical Systems, LLC SUBJECT:							
SUBJEC	Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are submitted for filing.					
Please re	tum all correspon	ndence concerning this matter to the following:					
		Thomas J. Korge, Esq.					
Name of Person							
Advanced Mechanical Systems, LLC							
		Firm/Company					
		230 Palermo Avenue					
		Address					
Coral Gables, Florida 33134							
City/State and Zip Code Tkorge@korge@korgelaw.com							
E-mail address: (to be used for future annual report notification)							
For furth	er information c	oncerning this matter, please call:					
Ruth Go	onzalez	305 444-9525					
Name of Person Area Code & Daytime Telephone Number							
Enclosed	d is a check for th	he following amount:					
□ \$25.0	00 Piling Pec	Certificate of Status Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) Certificate of Status & Certificat 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

FILED

13 SEP -9 AM IO: 50

SLOWLYARY OF STATE
FALLAHASSEE, FLORIDA

		nical Systems, LLC		
(Nan	ne of the Limited Lipbility Comp (A Florida Limited	ony as it now appear Liability Company)	rs on our records.)	
The Articles of Organization fo	or this Limited Liability Compan	y were filed on	August 23, 2013	and assigned
Florida document number	L13000120249			-
This amendment is submitted t	o amend the following:			
A. If amending name, enter	the new name of the limited lin	bility company her	<u>.</u> :	
The new name must be distinguis	hable and end with the words "Lir	nited Liability Compr	nny," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	T BE A STREET ADDRESS)			
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
	red agent and/or registered o ew registered office address be		our records, <u>enter t</u>	he name of the new
Name of New Regist	ered Agent:		<u></u>	
New Registered Offi	ce Address:	<u>_</u>		
		Ei	ner Florida street add	ress
	·	City	, Florida	Zip Code
		y		<u></u>

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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Revistered Agent

Page 1 of 3

MGR = Mana	dember being added or removed from	n our records:	
Title	naging Member <u>Name</u>	<u>Address</u>	Time of Assis-
Non-Member	Barbara Boyd	1 1903 West Sample Road, Coral Springs, FL 33065	Type of Action Add
			Remove
Non-Member	David McCoy	11903 West Sample Road, Coral Springs, FL 33065	_ × Add
			Remove
			Add
			Remove
			Remove
			_
			Remove
			_
			Remove

D. If a	ameading any	other information, ent	er change(s) here:	: (Attach additiona	l sheets, if necessary.)	• • •
						-
						-
						_
						_
Dated	September 9		2013		•	
		+4	Me	_	_	
		Signature of	a member or author Thomas J. A	ized representative o	To member	T
			Typed or printed	name of signee	0	<u> </u>
			Page :	3 of 3	V	

Filing Fee: 525.00

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