

Division of Corporations

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**4300167326**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MORRISON STRUCTURAL ENGINEERING CONSULTING,  
LLC**

Certificate of Status	0
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S. YOUNG

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORRISON STRUCTURAL ENGINEERING CONSULTING, 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 DECEMBER 3, 2013 and assigned  
Florida document number L13000167326

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CAPACITACIONES EXTENSUS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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 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.*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MORRISON, NELSON A	9100 S. DADELAND BLVD	<input type="checkbox"/> Add
		STE 912	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MGRM	MORRISON, NELSON	9100 S DADELAND BLVD	<input checked="" type="checkbox"/> Add
		STE 912	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MBR	OROCO CRUZ, ROCIO	9100 S. DADELAND BLVD	<input checked="" type="checkbox"/> Add
		STE 912	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MBR	MORRISON, MILTON	9100 S. DADELAND BLVD.	<input checked="" type="checkbox"/> Add
		STE 912	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MBR	MORRISON, FRANKLIN	9100 S. DADELAND BLVD	<input checked="" type="checkbox"/> Add
		STE 912	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MBR	TRINIDAD ESPINOSA, ANA C.	9100 S. DADELAND BLVD.	<input checked="" type="checkbox"/> Add
		STE 912	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change

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>	<u>Address</u>	<u>Type of Action</u>
MBR	ALMENARA, JULIO CABERO	9100 S. DADELAND BLVD	<input checked="" type="checkbox"/> Add
		STE 912	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
MBR	GALLEGOS PEREZ, OSCAR	9100 S DADELAND BLVD	<input checked="" type="checkbox"/> Add
		STE 912	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JANUARY 12 2015

Signature of a member or authorized representative of a member

**NELSON A. MORRISON/MGR**

Typed or printed name of signer