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COVER LETTER

Division of Cor				
Fischer For SUBJECT:	ensic Engineering LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	endence concerning this matter to	o the following:		
	Laura Fischer		_	
,		Name of Person		
	Fischer Forensic Engineerin	ng LLC		
•		Firm/Company		
	413 NE Van Loon Lane, Su	uite 126		
	Address			
	Cape Coral, FL 33909			
		City/State and Zip Code		
	lafischer-ffc@outlook.com			
	E-mail address: (t	o be used for future annual report notific	cation)	
For further information	concerning this matter, please ca	dl:		
Youssef Rashid		239 313-7166 at ()		
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Fischer Forensic Engineering 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 01/14/2014 and assigned Florida document number L14000007420 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 413 NE Van Loon Lane Enter new principal offices address, if applicable: Suite 126 (Principal office address MUST BE A STREET ADDRESS) Cape Coral, FL 33909 PO Box 151969 Enter new mailing address, if applicable: Cape Coral, FL 33915 (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: Finter Florida street address

Cape CORAL, Florida 33909

City 7in Code New Registered Office Address:

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.

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	

Title	<u>Name</u>	Address	Type of Action
MGR	Laura Fischer	1208 NW 20th ave	Add
		Cape Coral, Fl. 33993	☐ Remove
			Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Rсточе
			☐ Change
			D Add
			☐ Remove
			Change

fame	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	Oct 30 , 2018. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	William Fischer

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Filing Fee: \$25.00