614000044310

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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STUBE DARY OF STATE
AND A BASSEE FLORIDA

OCT O 2 2015 J. HARRIS

COVER LETTER

	ion Section f Corporations
•	er Engineering LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Daniel M. Sweeney
	Name of Person
	Kepler Engineering LLC
	Firm/Company
	5819 S 3rd Street
	Address
	Tampa FL 33611
	City/State and Zip Code DanSweeney@edmsiii.com
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Daniel Sweeney	727 466-7901 at ()
١	at (
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

The Articles of Organization for this Limited Liability Company were filed on L14000044310 This amendment is submitted to amend the following:	and assigned
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 abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS)	con marries
22 (1) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	ITI **
Units Constitution of the constitution	O
	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	··
	

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>	Type of Action
Cons.	Anita Sweeney	183 Bare Hill Road Boxford MA	= Add
			□ Remove
		·	Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove SSEE Changeman
			Remove
			Change
			Add
			Remove
			□ Change

	tled to 20% of profits and 20% of the sale price of the company should a sale occur.	
		
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-		
	9/22/2015 date, if other than the date of filing: (optional) ve 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.	ດວດ
<u>ote:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.	
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		- 0
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	:1 0
recor	Ith day after the record is filed.	1 0
recor The 90	1th day after the record is filed. $9/27/2015$ 6PM ≥ 6	:1 0
recor		:I U

Page 3 of 3

Filing Fee: \$25.00