

**L14 000078809**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

**\*\*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**  
**ROY W. ERICSON, PE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
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14 JUN 25 AM 10:58

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Roy W. Ericson, PE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

100 W. Broadway Suite 100

\_\_\_\_\_  
Address

Glendale, CA 91210

\_\_\_\_\_  
City/State and Zip Code

rwesail@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez

at ( 323 ) 962-8600 ext 7950

\_\_\_\_\_  
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

☒ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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(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

FILED  
1323402000 From: Amanda Sando  
2014 JUN 25 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Roy W. Ericson, PE, 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 05/15/2014 and assigned  
Florida document number L14000078809.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."*

**Enter new principal offices address, if applicable:**

300 2nd Ave SE #SX 15

**(Principal office address MUST BE A STREET ADDRESS)**

St Petersburg FL 33701

**Enter new mailing address, if applicable:**

P.O. Box 176

**(Mailing address MAY BE A POST OFFICE BOX)**

St Petersburg Florida 33731

**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:

New Registered Office Address:

300 2nd Ave SE #SX 15

*Enter Florida street address*

St Petersburg

*City*

, Florida 33701

*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 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:

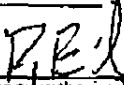
MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

JUN. 24. 2014 7:29AM FEMA

NO. 294 P. 4

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)****Article IV. Please update the address for the authorized member:**Roy W. Ericson, 300 2nd Ave SE #SX 15, St Petersburg FL 33701  
  
  
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(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)Dated 06/23/2014  
\_\_\_\_\_  
Signature of a member or authorized representative of a memberRoy W. Ericson\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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