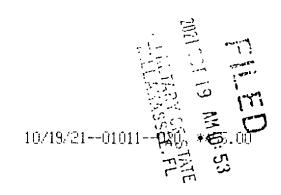
14000084868

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Document Number)
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COVER LETTER

TO: Registration Section **Division of Corporations** COLONEYBELL CONSTRUCTION & ENGINEERING CONSULTANTS LLC SUBJECT: 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: John T. Bell Name of Person COLONEYBELL CONSTRUCTION & ENGINEERING CONSULTANTS LL Firm/Company 503 McDaniel Street Address Tallahassee, Florida 32303 City/State and Zip Code jtb@coloneybell.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John T. Bell 850 222-8193 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLONEYBELL CONSTRUCTION & ENGINEERING CONSULTANTS 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 L Florida document number L14000084868		were filed on 05/27/2014	and :	assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		503 McDaniel Street		
		Tallahassee, Florida 32303		
		503 McDaniel Street Tallahassee, Florida 32303	: ' '2	
B. If amending the registered agent and/or agent and/or the new registered office address.	.,	address on our records, <u>enter the</u>	name of the	* ************************************
Name of New Registered Agent:				
New Registered Office Address:	503 McDaniel S	Enter Florida street address	- FR 53	
	Tallahassee	, Florid	la 32303	
		City	Zip Co	de
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>	Address	Type of Action
AMBR	Brian Zettle	1979 Maryland Circle	
		Tallahassee, FL 32303	■Remove
			Change
AMBR	Aaron Boyette	1979 Maryland Circle	
		Tallahassee, FL 32303	Remove
			□Change
MGR	John Bell	503 McDaniel Street	□Add
	Tallahassee, FL 32303	Remove	
		■ Change	
			□Add
			Remove
		☐ Change	
			□Add
		□Remove	
		□Change	
			□Add
			□ Remove
		l	□Change

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T. CC	
Note: If	e date, if other than the date of filing:
the record s ford is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Jun 7. Bell
	/Signature of a member or authorized representative of a member

Filing Fee: \$25.00