## L14000126851

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL.
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(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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16 OCT 14 AMID: 28

OCT 17 TOK J. HARRIS

## **COVER LETTER**

то:	Registration 5 Division of C				
CHDIE		ofessional Engineering, LLC			
SUBJEC	-1i	Name of Lin	nited Liability Company		
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corres <sub>l</sub>	pondence concerning this matter	to the following:		
		Matthew Miller			
			Name of Person		
Miller Professional Engineering, LLC					
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		3180 NE 63rd Street			
			Address		
		Ocala, FL, 34479			
			City/State and Zip Code	···	
	mpe.miller@gmail.com				
		E-mail address: (	to be used for future annual report notif	ication)	
For furth	er information	concerning this matter; please c	all:		
Matthew	/ Miller		352 572-7470		
-	Name	of Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for	the following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

Miller Professional Engineering, LLC					
(Name of the Limited Li (A Fl	ability Compa lorida Limited I	ny as it now appears on our r Liability Company)	records.)		
The Articles of Organization for this Limited Liabili	ity Company	were filed on $\frac{08/13/2014}{}$		and assig	ned
Florida document number L14000126851	·				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabi	ility company here:			
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation	"LLC" or the abbrevia	ation "L.L.	C."
Enter new principal offices address, if applicable	:	3180 NE 63rd Street			
(Principal office address MUST BE A STREET A)	DDRESS)	Ocala, FL, 34479		<b>5</b>	
				8	i ; '
				<u></u>	∵ ;
Enter new mailing address, if applicable:				32#	27.3
(Mailing address MAY BE A POST OFFICE BOX	2			<u> </u>	물어 <del>기계</del>
		·		<u>~~~</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:			cords, <u>enter the</u>	name of	the new
21	180 NE 63rd S	Street			
New Registered Office Address:		Enter Florida street o	address		
O	cala		_, Florida <u>34479</u>		
		City		p 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>	Type of Action
MGR	Matthew B. Miller	3180 NE 63rd Street	□ Add
		Ocala, FL, 34479	□ Remove
			☐ Change
*****			Add
			Remove
			Change
			Add
			Remove
			Change
	<u> </u>		□ Add
			□ Remove
			□ Change: :
			□Remove
			Add
			Remove
			☐ Change

f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  N/A	,
•	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
Effective date, if other than the date of filing: (optional) I'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.)	Durguent to 605 0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	n the earlier of
	<b>5</b>
Dated October 12 . 2016	DCT .
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	<u></u>

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Typed or printed name of signee

Filing Fee: \$25.00