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HARO 4 2016 J. HARRIS

COVER LETTER

Division of Co			
XY, LLC SUBJECT:			
object:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	,
	GREG RANCOURT		
		Name of Person	
	XY,LLC		
		Firm/Company	
	2267 CAPRI DR		
		Address	
	CLEARWATER, FL 3376	53	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	GREG.A.RANCOURT@G		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
GREG RANCOURT		720 380-3645	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 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)
	WC 4 PRESC	STREET/CALDI	ED ADDDESS.

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

XY, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on 03/23/2015	and assigned
lorida document number L15000064462		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
ROPHECY ENGINEERING, LLC		
e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	AS is
		Partie Company Company (125,000)
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
nter new mailing address, if applicable:		- N
Jailing address MAY BE A POST OFFICE BOX)		F 97 P
HIMING HEALT SEATOST OFFICE BUA		- C D
If amonding the resistance court and to the section of		Ort W
If amending the registered agent and/or registered gistered agent and/or the new registered office address h		enter the name of the p
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florie	da
	City	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 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
			Add
			Remove
			Change
- -			
	•	·	☐ Remove
			Change
		-	☐ Remove
			Change
			AGE TO AGE
			Sell Remove
			Change U
			TALLAHASTE FLORIDA
			□ Remove
			Change
			☐ Remove
			☐ Change

11 amending any other informatio	n, enter cnange(s) nere: (Attacn adaitional snee	is, ij necessary.)
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Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requiren rtment of State's records. ffective date, but not an effective time, at	nents, this date will not be listed as the
_ FEBRUARY 27	2015	
Dated,		SE TAL
	mature of a member or authorized representative of a memb	er III
GREG RANCOURT	Typed or printed name of signee	SS 2 /
	Dags 2 of 2	PH 2:3
	Page 3 of 3	<u> </u>

Filing Fee: \$25.00