L15000074552

	(Re	equestor's Name)
-	(Ad	ddress)	
	(As	ddress)	
	(C	ity/State/Zip/Pho	ne #)
PK	CK-UP	☐ WAIT	MAIL
	(B	usiness Entity Na	ame)
	(D	ocument Numbe	·r)
Certified Copies	s	Certificat	es of Status
Special Insta	ations in the state of the stat	EFiling Officer:	

Office Use Only



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FILED

2017 JUL-5 PM 2: 10

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COVER LETTER

HCS Engir	neers, LLC		
SUBJECT:	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:	
	Hermin Soler III		
		Name of Person	
	HCS Engineers, LLC		
		Firm/Company	
	8119 NW 33rd Street		
		Address	
	Doral, FL 33122		
		City/State and Zip Code	 -
	hermins@hesengineers.con E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	·	
Hermin Soler III		786 747-4176	
Name o	d Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional 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

LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

HCS Engineers, LLC

The Articles of Organization for this Elimited Eliability	ity Company	were filed on $\frac{4/28/201}{}$	7and assigned	
Florida document number L15000074552	·			
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8119 NW 33rd Street		
		Doral, FL 33122		
Enter new mailing address, if applicable:		8119 NW 33rd Street		
(Mailing address MAY BE A POST OFFICE BOX)		Doraf, FL 33122		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			records, enter the name of the new	
	8119 NW 33rd Street			
New Registered Office Address: 8	119 NW 33rd	Street		
New Registered Office Address: 8	119 NW 33rd	Street Enter Florida str	vet address	
New Registered Office Address.	119 NW 33rd Doral	Enter Florida str		
New Registered Office Address.) Ooral	Enter Florida str	en oddress, Florida = 33122 Zip Code	

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			TLED	ED	
Title	Name	Address	2017 JUL -5 PM 2: 13	Type of Action	
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fective date, if other than t	he date of filing: 9/1/2017	(option	nal)
		date of filing or more than 90 days after f ie statutory filing requirements, this	
cument's effective date on the	Department of State's records.		
record specifies a delay The 90th day after the ri		an effective time, at 12:01 a.	m. on the earlier o
ted July 3	2017		
1/llen	11/1/1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00