L15000091627

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2015 SEP 16 P 2: 21
SECRETARY OF STATE

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· COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Eng	neers Home Name of Limi	Workshop, LLC ited Liability Company	<u>, </u>
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	BILL	Name of Person	
	Enginee	rs Home Work	shop, uc
	<u>478 E.</u>	Altamonte Dr.	Sufe 108 #709
		te Springs, FL City/State and Zip Code	
	E-mail address: (1	ams & earthin	ik.net
For further information co	oncerning this matter, please ca	all:	
BIN WI Name of	lliams Person	at (407) 619- Area Code Daytime	Telephone Number CR AH SE
Enclosed is a check for th	e following amount:		P 16 TARY ASSE
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Gopy (addition Expry is accosed)

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

Chame of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L\S 0000 91427</u> .	y were filed on May 26, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	478 E. Altamonte Dr. Suite 108, #709 Altamente Spring, Fl 32701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	478 5. Alternante Dr. Suite 108, #709 Alternante Springo, PC 32701
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	L CR
	Enter Florida street address City Florida Springs, Florida Springs, Springs
New Registered Agent's Signature, if changing Registered Agen	<u>ti</u>
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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

AMRK = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
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te: If the	e date inserted in this effective date on th	s block does not	meet the appli	cable statutory f	iling requireme	nts, this da	te will r	not be listed
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record The 90t	specifies a dela th day after the	yed effective record is filed	date, but n 1.	ot an effectiv	e time, at 1	2:01 a.n	n. on ti	ne earlier
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ted	Septemb	per 11	- 2015					
		750	W U	Macin	ш			
_		Signature of	a member or aut	norized representa	tive of a member			<u>-</u>
		Bill	Lyllia	V)				

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Filing Fee: \$25.00