Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	tegistration Sec Division of Corp				
SUBJEC		HOLDINGS, LLC			
SCHIEC	Name of Limited Liability Company				
The enclo	sed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please ret	um all correspor	ndence concerning this matter t	o the following:		
		Cheyenne Moseley			
		Address of the State of the Sta	Name of Person		
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Glendale, CA 91210					
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Imelda `	Vasquez		323 962-8600 ext	7950	
	Name o	f Person	Area Code Daytimo	Telephono Number	
Enclosed	is a check for th	ne 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

BLUMAR HOLDINGS, 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 Liability Company were filed on 06/05/2015 Florida document number L15000098827 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ingham Engineering LLC The new name must be distinguishable and end with the words "Limited Liability 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: (Mulling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida __ City

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

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AREA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	Name	Address	Type of Action
			DAdd
			☐ Remove
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			8: 5 STATI

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D.	If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		•
E.	Effect (The eff	tive date, if other than the date of filing: [continue date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after use this document is filed by the Florida Department of State)
	Dated	<u>9-3</u> , <u>15</u> .
		AND AND
		Signature of a member or authorized representative of a member
		Scott Blume
		Typed or printed name of signee

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Filing Fee: \$25.00

2015 SEP -4 A 8: 55 SECRETARY OF STATE ANASSEE, FLORIDA