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COVER LETTER

CHRIEGE.		n & Engineering Professionals	LLC	
SUBJECT:		Name of Limi	ited Liability Company	
		Ahmad A ALhayajneh		
			Name of Person	
		Construction & Engineerin	g Professionals LLC	
			Firm/Company	
		2190 Forest Knoll Dr, 103		
			Address	***************************************
		Palm Bay, FL 32905		
		ahh,90@hotmail.com	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: In	
		E-mail address: (t	to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please ca	all:	
			at ()	
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
☑ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		ING ADDRESS:	STREET/COUR	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section 'Division of Corporations

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Construction & Engineering Professionlas LL	C	
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our recor Limited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		il the same
Enter new mailing address, if applicable:		JAN 2
Mailing address MAY BE A POST OFFICE BOX)		Mary San Control
		9
B. If amending the registered agent and/or registored agent and/or the new registered office address.	ered office address on our record	ls, enter the name of the r
egistered agent and/or the new registered office additi	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
_ 	, F	lorida
	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

OF TOMOTOM STORE ONL TOCOLOGI

MGR = Manager , , AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Suhad Alhayajneh	2190 Froest Knoll DR, 103, PB	Add
			☑ Remove
		 .	Change
MGR	Abdulmajeed Aljubairi	2190 Forest Knoll Dr, 103 PB	☑ Add
			☐ Remove
			Change
			□ Add
			Remove 77 Junge 855
			Add Add Bemove
			Change
			□ Add
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	time, at 12:01 a.m. on the e	arlier of:
ated,		

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Typed or printed name of signee

Filing Fee: \$25.00