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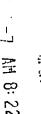
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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DATE:

4/7/2021

NAME: O CAPITAL LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor		•	
O CAPITA	L LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Omar Herrera		
		Name of Person	
	O CAPITAL LLC		
		Firm/Company	
	1600 SW 1ST AVENUE A	APT 1203	
		Address	
	Miami/FL 33129		
	omarherrerasoriano@gmail	City/State and Zip Code .com to be used for future annual report notific	ation)
For further information c	concerning this matter, please c		
Omar Herrera		1 305-904-6218	
Name o	f Person	Area Code Daytime T	Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corpo The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 03/02/2016 and assigned Florida document number _L16000044355 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE ENGINEERING COMPANY, LLC The new name must be distinguishable and contain 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: (Mailing 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

New Registered Agent's Signature, if changing Registered Agent:

O CAPITAL LLC

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.

City

· 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
			□Add
			□Remove
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			□Remove
			☐ Change

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ffective date, if other than the date o	of filing: (optional)
an effective date is listed, the date must be spe	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ocument's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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