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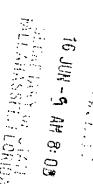
(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Dhi Ex Name of Limit	ngineering U ed Ciability Company	<u>C</u>
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Rache	L. TOULLY Name of Person	
		Firm/Company	
		glas Poad = 100	
	м.ан	City/State and Zip Code	
	Rachel E-mail address: (to	The used for future annual report notifi	Cation)
For further information co	oncerning this matter, please ca	и:	
Rachel Name of	L. TOLLLY f Person	at (305) 444 Area Code Daytime	Cell Control Telephone Number
Enclosed is a check for the	ne 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 Fec, 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

thi Engine	ering UC		
(Name of the Limited Liability Co. (A Florida Linu	Cring WC mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comparing document number L1600074207	, ,	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
MagnaPhi			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	9		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		the name of the nev	Y
registered agent and/or the new registered office address	<u>here</u> :	>5 C	
Name of New Registered Agent:		ا بــم الم	
New Registered Office Address:		All Marie Ma	
New Registered Office Address.	Enter Florida street address	55 00	
	. Florida	<u> 3</u>	
A A SECTION ASSESSMENT	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

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 Title Name **Address** Type of Action □ Add __ Change _□ Remove □ Change _ Remove ☐ Change ☐ Remove __ Change _ 🗆 Add □ Remove _ Change

☐ Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing r	
cument's effective date on the Department of State's records.	equirements, this date with not be use
record specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earli
The 90th day after the record is filed.	
ted June 187, 2016.	
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Aul	
Signature of a member or author sepresentative of	f a member

Page 3 of 3

Filing Fee: \$25.00