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2016 JUL 20 AM II: 18

K. SALY EXAMINER JUL 22

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: AUtomated Enmounwents le Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
PEDTH SILIC Name of Person
Automated Envivorments 11c
3636 CUEUNEVACA Ct
Largo FL 33771 City/State and Zip Code PSilic 82@ qual . Ccu E-mail address: (to be used for future annual report notification)
PSILIC 82@ gmail. Ccm E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Pedia Silic at (727) 4379340 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \times Sand Status \times

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

FILED

2016 JUL 20 AM II: 15

SECRETARY OF STATE

ALLAHASSEE, FLOOR

AUTOMATED ENVIRONMENTS LLC
(Name of the Limited Liability Company as it now appears on or

Name of the Limited Liability Company as it now appears on our re

The Articles of Organization for this Limited Liability Company were filed on 07/11/2016

and assigned

Florida document number <u>L 16000092173</u>

This amendment is submitted to amend the following:

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:

Pedja Silic

New Registered Office Address:

36 CUBUNYUGE CT

Enter Florida street address

Lavgo

Florida

33771

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 = Mar AMBR = Aut	nager horized Member				
<u>Title</u>	Name	Address			Type of Action
MGR	MEDJA SIL	ic 3636 (Cuerry	evaca of	_ J Add
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Filing Fee: \$25.00