# 117000024139

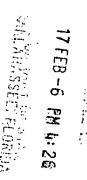
| (Re                     | equestor's Name)   |             |
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| (Ad                     | ldress)            |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
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| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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# **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: DeWitt Engineering, LLC Name of Limited Limited Limited Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Robert F. De Witt  |
| DeWitt Engineering, LLC  |
| 10 Royal Tern, Ln  |
| Falm Coast, FL 32164 City/State and Zip Code   |
| dewittengineering IC@ gmail.com  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Robert F. DeWitt at (386) 871-2456  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| □ \$25.00 Filing Fee  \$\hbigzim \bigzim \biz\\ \bigzim \bigzim \bigzim \bigzim \bigzim \bigzim \biz\\ \bigzim \bigzim |

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

| DeWitt Enginee   | zring.LLC   |                              |
|--|---|------------------------------|
| ( <u>Name of the Limited Liabili</u><br>(A Florida   | ty Company as it now appears on our records<br>Limited Liability Company) | <u>.</u> )                   |
| The Articles of Organization for this Limited Liability C  | Company were filed on   | and assigned                 |
| Florida document number <u>L17000024139</u>  |   |                              |
| This amendment is submitted to amend the following:  |   |                              |
| A. If amending name, enter the new name of the limit   | ited liability company here:  |                              |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designation "LLC"                            | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | N/A_  |                              |
| (Principal office address MUST BE A STREET ADDR  | RESS)   |                              |
|  |   |                              |
| Enter new mailing address, if applicable:  |   |                              |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | 17                           |
|  |   | **** <b>T</b>                |
|  |   | \$ <b>6</b>                  |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add |   | enter the name of the new    |
| registered agent and/or the new registered office add  | ress here:  |                              |
| Name of New Registered Agent:  | N/A   | N<br>N                       |
| New Registered Office Address:   |   |                              |
|  | Enter Florida street address  |                              |
|  |   | rida                         |
|  | 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:

| <u>Title</u> | Name             | Address                                     | Type of Action |
|--------------|------------------|---|----------------|
| RES          | Robert F. DeWitt | 10 Royal Tern Ln                            | Add            |
|              |                  | 10 Royal Tern Ln<br>Palm Coast, FL<br>32164 | ☐ Remove       |
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|              |                  |   | Remove         |
|              |                  |   | Change         |
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| tive date, if other than the date of filing: February 1, 20  | .67                | (n)-                           | 6<br>3            |
| fective date, if other than the date of filing:  Fective date is listed, the date must be specific and cannot be prior to date of filing or mo.  If the date inserted in this block does not meet the applicable statutory filing. | ore than 90 days a | ptional)  After filing.) Pursu | uaut to 605       |
| nent's effective date on the Department of State's records.  | 5 roquirements,    |                                | er<br>office year |
| cord specifies a delayed effective date, but not an effective ti   | ime, at 12:0       | 1 a.m. on th                   | ne earlic         |
| 90th day after the record is filed.  | ·                  |                                |                   |
| February 2, 2017   |                    |                                |                   |
| ,  |                    |                                |                   |
| 0, 80,10   |                    |                                |                   |
| Signature of a member or authorized representative   | of a member        |                                |                   |

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Filing Fee: \$25.00