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COVER LETTER

TO:		ration Sect in of Corp				
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: TBJE	:CT:		Name of Lim	ited Liability Co	npany	
Tiller en	closed Ai	rticles of A	mendment and fee(s) are sub	mitted for filing	ş.	
Hease	return all	correspon	dence concerning this matter	to the following	<u>j</u> :	
			Donald Stanley Jr.			
				Name of	Person	
			Capital Engineering and C	onsulting LLC.		
				Firm/Cor	npiny	
			PO Box 1607			
				Addre	ss	
			Marianna, Florida 32447			
				City/State and	Zip Code	
			donald@capitalenglle.com	· · · · · · · · · · · · · · · · · · ·		
i er for	ther info	mation co	ncerning this matter, please ca		ure annual report notific	cation)
Cenak	l Stanley	Jr.		850 at (643-6622	
	_	Name of	Person		Code Daytime	Telephone Number
Lacios	ed is a ch	eck for the	following amount:			
₩ \$2 <u>1</u>	5.00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 F Certified (additional		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
		Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Engineering and Consulting LLC. (Name of the Limited Liability Company asit now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/23/2017 and assigned Florida document number $\frac{L17000043194}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability dompany," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 954 SR 71 (Principal office address MUST BE A STREET ADDRESS) tarianna, FL 32446 Enter new mailing address, if applicable: O Box 1607 (Mailing address MAY BE A POST OFFICE BOX) Aarianna, FL 32447 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 j City 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 except the obligations of my position as registered agent as p_t^{\dagger} ovided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

tf amendi <mark>n</mark> g <u>er removêd</u>	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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f amending any other information, enter change(s) here: tAttuc	
	
	
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frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of the date. If the date inserted in this block does not meet the applicable status ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effo The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
ated February 5 2018	
Signature of a member or authorized repro	resentative of a member
Donald Lamar Stanley Jr.	

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Filing Fee: \$25.00