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(Ad	dress)	<u>-</u>
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COVER LETTER

AMERICAN	ENGINE SYSTEMS LLC					
	Name of Limi	ited Liability Company				
Articles of A	mendment and fee(s) are sub-	mitted for filing.				
all correspon	dence concerning this matter	to the following:				
	Kathryn Nuckols					
		Name of Person	<u> </u>			
	Kathryn A. Kofler, LLC					
		Firm/Company				
	4721 Valley Forge Lane					
		Address	· ·	÷: (23	
	Virginia Beach, Virginia 2	3462		· · · · · ·	 1	
	wendy.bach10@gmail.com	City/State and Zip Code			9-8	STATE OF THE PERSON NAMED IN
	E-mail address: ()	to be used for future annual report notifi	ication)		ZV ZV	٦
formation co	neerning this matter, please ea	all:				#3C-7
kols		941 284-5421 at ()		(i)	9	
Name of I	Person	Area Code Daytime	Telephone Number			
check for the	following amount:					
iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (of Status & Copy		
	formation corkols Name of l	Kathryn Nuckols Kathryn A. Kofler, LLC 4721 Valley Forge Lane Virginia Beach, Virginia 2 wendy.bach10@gmail.com E-mail address; (formation concerning this matter, please c: kols Name of Person check for the following amount: lling Fee \$30.00 Filing Fee &	Name of Person Kathryn A. Kofler, LLC Firm/Company 4721 Valley Forge Lane Address Virginia Beach, Virginia 23462 City/State and Zip Code wendy.bach10@gmail.com E-mail address: (to be used for future annual report notifition concerning this matter, please call: kols Name of Person Name of Person Area Code Daytime check for the following amount: lling Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certified Copy	Kathryn Nuckols Name of Person	Kathryn Nuckols Name of Person	Kathryn Nuckols Name of Person

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

AMERICAN ENGINE SYSTEMS	SLLC		
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it new appears on our records Liability Company)	<u>P)</u>
The Articles of Organization for this Limited I Florida document number L17000108780	Liability Company	were filed on May 16, 2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" 111 S. Oleander Avenue	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		Sanford, Florida 32771	
			<u> </u>
Enter new mailing address, if applicable:		111 S. Oleander Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		Sanford, Florida 32771	ည တ
			CO TRACT
B. If amending the registered agent and registered agent and/or the new registered of	**		enter the name of the new
Name of New Registered Agent:	Kathryn Nucke	ols	
New Registered Office Address:	718 Siesta Key	Circle	
		Enter Florida street address	ŗ
	Sarasota	, Flo	orida 34242
		City	Zip Cocle

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

ti amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or reinoved from our records:

MGR = M $AMBR = A$	MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action	
			bb∧ □	
			Remove	
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			Remove	

			
			
			
			
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		29	
. Effective date, if other than t	he date of filing:	(optional)	
(If an effective date is listed, the date Note: If the date inserted in this	nust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605 ng requirements, this date will not be liste	.0207 (3)(ed as the
document's effective date on the	Department of State's records.		
the second assistant date.	and afficially data that ask as afficially	Nime of 12:01 and the scale	. .
the record specifies a delay	red effective date, but not an effective ecord is filed.	time, at 12:01 a.m. on the earlie	er or:
P.L 1	2010		
Dated February 1	. 2019		
Vart	Mark do		
	Signature of a member or authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00