Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BROAD AND CASSEL ORLANDO - CORPORATE

Account Number : 120160000074 Phone

: (407)839-4277

Fax Number

: (407)425-8377

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALIBER CODE & FIRE ENGINEERING, LLC

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6/1/2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caliber Code & Fire Engineering, LLC		
(Name of the Limited Liability Company (A Florida Limited Lial	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company	were filed on 5/23/2017	and assigned
Florida document number L17000112885		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7A SE
(Principal office address MUST BE A STREET ADDRESS)		
		(C) CONTRACT
		ST.
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		5 5 T
		BR C
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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
Director/AMBR	Gregory Tabaka	600 Rinehart Road	_ Add
		Suite 1064	Remove
		Lake Mary, FL 32746	Change
47 de 122 de 170 de	VIII		[] Add
			Change
**************************************		<u>ti:</u>	Add
			Remove
			_[] Change
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