L17000112885

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2019 HAY 20 AM 7: 45

C. GOLDEN
JUN - 8 2019

COVER LETTER

TO:

Registration Section

Division of Corporations CALIBER CODE & FIRE ENGINEERING, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GREGORY A TABAKA Name of Person ANTINOMY LLC Firm/Company 600 RINEHART RD STE 2024 Address LAKE MARY, FL 32746-4955 Cnly/State and Zip Code gtabaka@caliberefe.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GREGORY A TABAKA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55,00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CALIBER CODE & FIRE ENGINEERING, LLC

2019 HAY 20 AM 7: 4

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $_05/23/2017$ 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 liability company here: ANTINOMY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Title -Address Name □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _**_** Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde

Page 2 of 3

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an effective date is listed, the date must be sp Kote: If the date inserted in this block do	ecific and cannot be prior to do	late of filing or more than 90 days after filing.) Pursuant to 605,02 e statutory filing requirements, this date will not be listed a
ocument's effective date on the Departn	nent of State's records.	
e record specifies a delayed effe The 90th day after the record is	ective date, but not a	n effective time, at 12:01 a.m. on the earlier
The Sould day after the record is	s med.	
May 18	2019	
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Cryony A Tal	reta	
Signa	ture of a member of authorize	ed representative of a member
GREGORY A TABAKA, AM	ABR	
	Typed or printed o	ame of signee
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Filing Fee: \$25.00