

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001900823)))



H190001900823ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. .

| To: | Division of Corporations | | | | è |
|--------|---|---|--------------------------------|-----------|----------------|
| | Fax Number : (850)617-6383 | | | - | л. Г. |
| _ | | | | í í | _ |
| From | Account Name : LEGALZOOM.COM | TNC | | | $\hat{\omega}$ |
| | Account Number : 120010000062 | 1110. | | • | \geq |
| | Phone : (323)962-8600 | | | | مسر |
| | Fax Number : (323)962-3889 | | | | - NO |
| | | | | • | رب |
| | | | - d E E. M. | - | Ú. |
| **Ente | r the email address for this busing | ess entity to be use | 20 TOP TUCU 10260 ** | 11.6 1 | |
| ź | annual report mailings. Enter only | one email address p | lease. | | |
| r | | | | | |
| | | | | | |
| E | mail Address: | | | | |
| E | mail Address: | | | | |
| | | | | | |
| | | ECT OR M/MG R | ESIGN | | |
| | LLC AMND/RESTATE/CORRI | | | | |
| | | | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE | VELOPMENT, L | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status | VELOPMENT, L | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy | VELOPMENT, L 0 1 | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status | VELOPMENT, L | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy Page Count | VELOPMENT, L 0 1 | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy | VELOPMENT, L 0 1 05 | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy Page Count | VELOPMENT, L 0 1 05 | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy Page Count | VELOPMENT, L 0 1 05 | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy Page Count | VELOPMENT, L 0 1 05 \$55.00 | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy Page Count | VELOPMENT, L 0 1 05 \$55.00 | | | |
| | LLC AMND/RESTATE/CORRI FBJ ENGINEERING & DE Certificate of Status Certified Copy Page Count | VELOPMENT, L 0 1 05 | | | |

COVER LETTER

TO: Registration Section Division of Corporations

FBJ ENGINEERING & DEVELOPMENT, 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:

Cheyenne Moseley
Image: State State

Glendale, CA 91203

City/State and Zip Code

FRSZ.SEAA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

| FBJ ENGINEERING & DEVEL | | | |
|--|--|--------------------------|---------------------|
| (Name of the Limite | d Llability Company as it now appears on our reco (A Florida Limited Liability Company) | <u>rds.</u>) | |
| The Articles of Organization for this Limited Li | ability Company were filed on 06/07/2017 | | ssigned |
| Florida document number L17000124632 | | د ب د ب نصبا | |
| This amendment is submitted to amend the follo | owing: | L | :] |
| A. If amending name, <u>enter the new name of</u> | the limited liability company here: | | 5 E 8 |
| The new mane must be distinguishable and end with the | words "Limited Liability Company," the designation "I | / | |
| Enter new principal offices address, if applic | | | ري |
| (Principal office address MUST BE A STREE | TADDRESS) | <u></u> | |
| Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE_</u> | <u>BOX)</u> | | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | for registered office address on our recor Fice address here: | ds. <u>enter the nam</u> | <u>e of the nev</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street add | hess | |
| | | Florida | |
| | City | Zip Co. | .h- |
| | | | |

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

Page 1 of 3

.

•

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|--------------------|---------------------------|----------------|
| MGR | Fausto Shuguli | 1400 NW 65th Ave Ste. A | 🗹 Add |
| | | Plantation, Florida 33313 | Remove |
| AMBR | Maria Belen Lozaza | 1400 NW 65th Ave Ste A | 🖸 Add |
| | | Plantation, FL 33313 | 🗹 Remove |
| AMBR | Maria Belen Lozada | 1400 NW 65th Ave Ste. A | 🗹 Add |
| | | Plantation, Florida 33313 | |
| | | | |
| | | | |
| | | | |
| | | | O Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | |

-

.

•

-

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | | - | |
|--|-------------------|------------------|----------------|
| | | <u> </u> | |
| | | - | |
| E. Effective date, if other than the date of filing:(opt (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days | ional) s ofter | _ | |
| the date this document is filed by the Florida Department of State) | | | |
| Dated June 10 | | | |
| Haria B. Lozada Signature of a member or authorized approximative of a member | | | |
| Maria Belen Lozada | | | |
| Typed or printed name of signee | | NUF | |
| | • - | 8 | 1 |
| | ! | \triangleright | []] []] |
| | | $\ddot{\Sigma}$ | Con. |
| | 5. | | |

Page 3 of 3

Filing Fee: \$25.00