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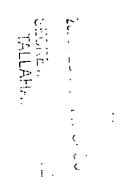
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section

| Division of Co | rporations | | | |
|----------------------------------------|----------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| | GINEERING LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | omitted for filing. | | |
| | ondence concerning this matter | · · | | |
| | | to the tottoming. | | |
| THOMAS KEIGHTLY | | | | |
| | | | | |
| | MSCS ENGINEERING L | LC | | |
| Firm/Company | | | | <i>(</i> • • • • |
| 2875 S OCEAN BLVD STE 200 | | | | , i.e. |
| | | Address | · | [t. |
| | PALM BEACH FL 33480 | 1 | | <u>'</u> |
| | | City/State and Zip Code | | : |
| | steve @pybuscpa.com | to be used for future annual report no | | (၂ (၃) (၃) |
| For further information of | concerning this matter, please c | | ouncation) | |
| | oncerning this matter, prease e | | | |
| THOMAS KEIGHTLY | | 561 282-1870 at () | | |
| Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 FilinCertificate of Certified Contadditional contaddition | of Status & |
| Mailing Address: Registration Section | | Street Address: Registration S | ection | |
| Division of Corporations | | Division of Co | orporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of 2415 N. Monr | | 1 |
| rananassee, fl. 52514 | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MSCS ENGINEERING LLC | | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|
| (Name of the Lin | ited Liability Company as it now appear (A Florida Limited Liability Company) | s on our records.) |
| The Articles of Organization for this Limited | Liability Company were filed on 12/ | 06/2017 and assigned |
| lorida document number L17000249892 | | |
| his amendment is submitted to amend the fo | llowing: | |
| A. If amending name, enter the new name | of the limited liability company he | <u>re</u> : |
| he new name must be distinguishable and contain the | words "Limited Liability Company." the de- | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | <u></u> |
| | | . (|
| | | |
| Inter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFIC <mark>I</mark> | <u> </u> | |
| | | |
| | | <u>.</u> |
| If amending the registered agent and/or gent and/or the new registered office addr | registered office address on our re ess here: | cords, enter the name of the new regis |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 2875 S OCEAN BLVD STE 200 | |
| <u>-</u> | Enter Flori | da street address |
| | PALM BEACH | Florida ³³⁴⁸⁰ |
| | 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------------|--------------------------|
| MGR | THOMAS KEIGHTLY | 2875 S OCEAN BLVD STE 200 | □ Add |
| | | PALM BEACH FL 33480 | □Remove |
| | | | ≡ Change |
| | | | □Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ Signature of a member or authorized representative of a member K.BRIAN PYBUS CPA

Typed or printed name of signee