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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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 J.S. HELD ENGINEERING SERVICES PLLC

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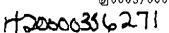
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.S. HELD ENGINEERING SERVICES, PLLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000052662	were filed on March 1, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	15955 N. Florida Avenue, Suite 101	
(Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33549-8103	22
		1
		- ۲۰ م ر
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		11 · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
Now Basistand Office Address		
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am foorovided for in Chapter 605, F.S. Or. i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

1100



If amending Authorized Person(s) authorized to manage, enter the title, name, and uddress of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	William C. Bracken	15955 N. Florida Avenue, Suite 101	
		Lutz, FL 33549-8103	□Remove
			■Change
			□Add
			DRemove
			□Change
			□Rcmove
			□Change
			□Remove
			□Change
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n offec te: If	e date, if other than the date of filing:
cord s file	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 i.
ed _	September 28 . 2020
	Signature of a member or authorized representative of a member
	Christopher J. Denicolo, Authorized Representative