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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS CONSOR ENGINEERS, LLC

Certificate of Status	0
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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Consor Engineers, LLC	•	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records, ited Liability Company)	(1,
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000098678</u>	oany were filed on 04/23/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. 2
		74
		Est A
<ol> <li>If amending the registered agent and/or registered off gent and/or the new registered office address here:</li> </ol>	fice address on our records, <u>enter t</u>	he name of the new registe
gent and/or the new registered office address here.		go e in
		H 51 D
Name of New Registered Agent:		
New Registered Office Address:		E 7
	Enter Florida street address	
	Flor	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Sandeep Patil	155 North Wacker Drive	🗆 Add
		Suite 4150, Chicago, 1L 60606	■Remove
			□ Change
MGR	Chris Rayasam	155 North Wacker Drive	
		Suite 4150, Chicago, 1L 60606	\=Remove
			□ Change
MGR	Scott Gwilliam	155 North Wacker Drive	□Add
		Suite 4150, Chicago, IL 60606	<b>■</b> Remove
			□ Change
MGR	Erik Gernant	155 North Wacker Drive	
		Suite 4150, Chicago, 11, 60606	■Remove
		<u></u>	
MGR	Matthew Paul Cass	155 North Wacker Drive	
		Suite 4150, Chicago, 11, 60606	
			□Change
			□Remove
			∏ Change

	The Limited Liability Company is member-managed."
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ote:	e date, if other than the date of filing:
recor d is til	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
ated	May 8 2024

Typed or printed name of signee