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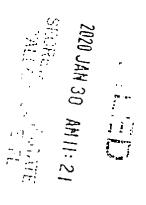
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Negen Mep Engineering LCC 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:
Mriana Torres Santiago Name of Person
TS Legal P.A.
Fufft/Company
10410 Gentlewood Forest Dr. Address
Boynton Beach, FL 33473 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
✓ Mailing Address: Registration SectionStreet Address: Registration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nexqen (Name of the Limite	MEP Enced Liability Company A Florida Limited Li	y as it now appears on ability Company)	our records.)			
The Articles of Organization for this Limited List Florida document number <u>L1800145</u>	ability Company v	vere filed on <u>Ju</u>	n 12,20	<u>) [8</u> 2	ınd assi	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:		7.5 H	2020	
A. If amending name, enter the new name of Nexagn Eng The new name must be distinguishable and contain the wo	incling	LLC	- ((T.T. 233)	<u> </u>	<u></u>	** * ***
Enter new principal offices address, if applica		y Company, the design	ation "LLC" or the	abbrevia	õ	.C."
(Principal office address MUST BE A STREET				<u> </u>		
					-: - 22	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	OX)					
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	here:	Torres	Santiag	D_		registered
New Registered Office Address:	10710 (OLHKWOOD Enter Florida st	Forest	Di		
	Boynon	Blach City		337 Zip	1-73 Code	
New Registered Agent's Signature, if changing Re				·		
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the resonance has been notified in writing of this change in the change	and complete po ered agent as pro gistered office ac	erformance of my a ovided for in Chapt	luties, and I am ter 605. F.S. Or	familia if this	ir with a	and entis

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
		 	□Add
			□Remove
			□Change
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Filing Fee: \$25.00