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COVER LETTER

	Division of Cor			
SUBJECT	*3	NEERS LLC		
SOBJEC I	I:	Name of Lim	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for tiling.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		ALFREDO E MORALES		
			Name of Person	
		AEM ENGINEERS LLC		
			Firm/Company	
		13444 SW 91ST TERRAC	Œ	
			Address	
		MIAMI, FL 33186		
		AMORA026@ALUMNLS	City/State and Zip Code	
		_	to be used for future annual repor	t notification)
For further	r information co	oncerning this matter, please c	all:	
ALFRED	O MORALES		786 683339	
	Name of	Person	at () Area Code D:	aytime Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) 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)
	Registra	NG ADDRESS: ation Section of Corporations ox 6327	STREET/CO Registration S Division of C Clifton Buildi	orporations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



AEM ENGINEERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

THE ACTICLES OF CHURCHICATION FOR THIS FIRMING FRANKLIS COMPA	inv were filed on 09/10/2018	and assigned
Florida document number L18000214742		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Trincipal office dadress most be A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		, enter the name of the
		enter the name of the
egistered agent and/or the new registered office address h		enter the name of the
registered agent and/or the new registered office address h		
registered agent and/or the new registered office address h	nere:	
Name of New Registered Agent:	nere:	
	nere: Enter Florida street address	

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALFREDO E MORALES	13444 SW 91ST TERRACE. MIAMI. FL 33186	
			□ Remove
			Change
			
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fective date, if other than the d	ate of filing:	(optional)
n effective date is listed, the date must bote: If the date inserted in this bloc current's effective date on the Dep	k does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.02 utory filing requirements, this date will not be listed
record specifies a delayed The 90th day after the reco		fective time, at 12:01 a.m. on the earlier
NOVEMBER 21	2018	
ted		
	alle Miller	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00