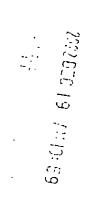
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co		•	. ,
subject: <u>Маа</u>	fa Engineering Name of Lin	Services LLC hited Liability Company	; ; ; ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	(arios D	. Pineda Name of Person	
	Maafa E	Evgineering Servicement	vices LLC
	4100 SW	78 Street	
	_ Miami, +	1 33193 City/State and Zip Code	7677 BEC 19
For further information c	E-mail address: (to be used for future annual report not all:	ification)
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	S30.00 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)
Mailing Addres		Street Address:	ation.
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of 7	
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Gompany as it now appears on our records.) (A Florida-Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $9-14-18$. Florida document number 19000219479 .	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 Liability Company," the designation "LLC" or the	abbreviation L.C.
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9
B. If amending the registered agent and/or registered office address on our records, enter the nar agent and/or the new registered office address here:	me of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Mauriao Corredor	6423 Collins Ave.	
		Miani Beach, FL 3314	Remove
			□Change
			□Add
			□ Remove
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fective date, if ot	her than the de	te of filings			(1	
fective date, if of in effective date is lis ote: If the date ins cument's effective	ted, the date must be erted in this block	specific and cannot does not meet th	t be prior to date o e applicable sta	of filing or more that tutory filing requ	n 90 days after irements, this	nar) filing.) Pu date wi	irsuant to 605.026 II not be listed a
ecord specifies a dissilled.	elayed effective da	te, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 9	0th day after th
ited	- ,,0	1-13702	r Wee				
			////				
		nature of a member					

Filing Fee: \$25.00