# L18000224387

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M. MILLIGAN

OCT 02 2018

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# **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	Roark Engineering, PLLC				
ociate.		Name of Limi	ted Liability Company		
The enclosed	d Articles of A	amendment and fee(s) are subr	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Charles Roark			
			Name of Person		
		Roark Engineering		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		2017 Chimney Swift Hollow	,		
			Address		
		Tallahassee, FL 32312			
		drew@roarkeng.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notifi	ication)	
For further i	nformation co	ncerning this matter, please ca	ill:		
Charles Ro			850 567-2044 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Ords.) 474 \$37 F 1 3747	
ords.) and sign of says	

Roark Engineering, PLLC

(Name of the Limited Liability Company as it now appears on our reco . Gain The Articles of Organization for this Limited Liability Company were filed on 9/20/2018 and assigned Florida document number L18000224387 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.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Charles Roark, PE	2017 Chimney Swift Hollow, Tallahassee, Florida 32312	<b>=</b> Add
			Remove
			Change
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ective date, if other than to effective date is listed, the date is tet. If the date inserted in this element's effective date on the	block does no	t meet the appl	licable statutory f	r more than 90 days iling requirements	optional) after filing.) Purs , this date will	uant to 605 not be list	i.0207 (3 ed as th
record specifies a delay he 90th day after the r	ed effective ecord is file	e date, but r d.	not an effectiv	e time, at 12:0	)1 a.m. on t	he earli	er of:
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	Signature of	a member or all	thorized representa	tive of a member		·/* E	33
	Signature of	a memoer or au				: r (*)	<u></u>

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Filing Fee: \$25.00