

L1900011157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 MAY 10 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FL

T. BURCH

MAY 16 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATCOM Engineering LLC

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:

Howard A Carpenter

Name of Person

NATCOM Engineering, LLC

Firm/Company

1020 W Olympia St

Address

Hernando, FL 34442

City/State and Zip Code

natcomeng@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Carpenter 706 339 6895

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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

NATCOM Engineering, LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 25, 2019 and assigned
Florida document number L19000111157.

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)

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TALLAHASSEE, FL

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 _____
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 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> | <u>Type of Action</u> |
|--------------|--------------------|---|---|
| MGR | Howard Carpenter | 1020 W Olympia St Hernando, FL 34442 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Patricia Carpenter | 1020 W Olympia St Hernando, FL 34442 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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STATE

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Dated May 02, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee