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(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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RECEIVED MAY 2.8 2019

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## **COVER LETTER**

	Registration Sec Division of Corp			
		COM Engineering LLC		
SUBJEC	JT:	Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Howard Carpenter		
		NATCOM Engineering, LLC	Name of Person	
		1020 W Olympia St	Firm/Company	
		Hernando, FI 34442	Address	
		natcomeng@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	ication)
	rd Carpenter	oncerning this matter, please ca	706 339- 6895	
	Name of	Person	at ()	Telephone Number
Enclosed	d is a check for th	e following amount:		
<b>■ \$</b> 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)

MAILING ADDRESS:

TO:

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**

NATCOM ENGINEERING, LLC		
(Name of the Limited Liability Company as it now ar (A Florida Limited Liability Compa	opears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L19000111157</u> .	4-25-19 and assigned	t
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :	
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)		
	74 7 C C	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX) ————————————————————————————————————	<u> </u>	新 <u>设</u> (2007) (1007)
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of th	ne ne
Name of New Registered Agent:		
New Registered Office Address:  Enter	r 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>	Address	Type of Action
	Sastri D. Ramsaran	2636 Riviera Dr. Miramar, Fl 33023	
AMBR			Add
			Remove
			Change
			Add
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(If an effective Note: If the	ate, if other than date is listed, the date date inserted in the effective date on t	e must be specific tis block does no	and cannot be pri of meet the appl	licable statutory	or more than 90 of filing requirem	_ <b>(optional)</b> days after filing.) Pt ents, this date wil	irsuant to 605,020 I not be listed a
	specifies a del h day after the			not an effect	ive time, at 1	2:01 a.m. on	the earlier o
Dated	ay 21		2019	·			
		///		<b>\( \)</b>	<b>X</b>		
_		Signature o	f a member or au	thorized represen	tative of a member	r	<del></del>

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Filing Fee: \$25.00