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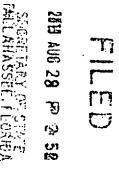
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

то;	Registration Section Division of Corpor				
SUBJE	_{ct:} 54s	TEMATIK DES	HGN + ENGINEER	21NG L	-LC
		Name of Lir	mited Liability Company		
The enc	losed Articles of Am-	endment and fee(s) are su	bmitted for filing.		
Please r	eturn all corresponde	nce concerning this matte	r to the following:		
		DIANA	F. VELAR DE		
			Name of Person		
	-		Firm/Company		
		5701	JEFFERSON ST		
			Address		
		Hollywoo	City/State and Zip Code	3	
	_		LARDE @ GMAIL		
		E-mail address:	(to be used for future annual	report notific	ration)
For furt	ner information conce	erning this matter, please of	call:		
	DIANA F.	VELARDE	at (_30\$	202	2207
	Name of Per	son	Area Code	Daytime '	l'elephone Number
Enclose	d is a check for the fo	ollowing amount:			/
□ \$ 25	.00 Filing Fee E	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

FILED

SYSTEMATIK DESIGN + ENGINEERING LLC (Name of the Limited Liability Company as it now appears on our Alectron 18 28 7 2 52 (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on JUNG 25 A PARTIE I and assigned Florida document number L 19000166382
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: SYSTEMATIK DESIGN & ENGINEERING LLC 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 negistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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 to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
			□ Add
		·	Remove
			□ Change
			D Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
 			☐ Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			Remove
			☐ Change

— <u>—</u>		
ll'an effectiv <u>Note:</u> If th	date, if other than the date of filing:	207 (as t
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.	of:
Dated	8,27,2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00