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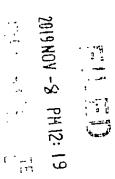
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations YOUNG ENGINEERS TALLAHASSEE. LLC							
CHD IE/								
SUBJEC	Name of Limited Liability Company							
The encl	losed Articles of	Amendment and fee(s) are subt	mitted for filing.					
Please re	eturn all correspo	ondence concerning this matter t	to the following:					
	CHERRELLE LAWSON Name of Person							
		YOUNG ENGINEERS TA	LLAHASSEE, LLC					
		YOUNG ENGINEERS TALLAHASSEE, LLC Firm/Company 916 SADDLE CREEK RUN Address TALLAHASSEE, FL 32301						
	916 SADDLE CREEK RUN							
	Address							
		TALLAHASSEE, FL 3230						
	City/State and Zip Code							
		CHERRELLEL2004@GM/ E-mail address: (i	AIL.COM to be used for future annual repor	rt notification)				
For furtl	her information o	concerning this matter, please ca	all:					
CHERI	RELLE LAWSO	אפ	912 414-66: at ()	59				
	Name o	of Person		aytime Telephone Number				
Enclose	d is a check for t	he following amount:						
\$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration 9 Division of C Clifton Build	Corporations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUNG ENGINEERS TA	ALLAHASSEE, LI	LC	
(Name of the Limited Liability Compa- (A Florida Limited L	n <mark>y as it now appear</mark> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	08/07/2019	and assigned
Florida document number L19000193056			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			* NO ***
Enter new mailing address, if applicable:			1 - 110
Mailing address MAY BE A POST OFFICE BOX)			, ज
			10
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, ent	er the name of the r
Name of New Registered Agent:			
New Registered Office Address:	_		
	Enter Flor	ida 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
AMBR	T.E.C. TRUCKING LLC	P.O. BOX 10126	□ Add
		TALLAHASSEE, FL 32302	Remove
			☐ Change
AMBR	EDDIE LAWSON	P.O. BOX 10126	Add
		TALLAHASSEE, FL 32302	□ Remove
			□ Change
			Remove
			□ Change
		_	
			□ Remove
		-	Change
			Add
			Remove
			Change
			Remove
			Change

11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
•	
-	
If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 07 1 2019 (Menelle Paris)
	Signature of a member or authorized representative of a member
	Cherrelle Lawson Typed or printed name of signee

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Filing Fee: \$25.00