	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
	Email Address:
	LT C AMND/RESTATE/CORRECT OR M/MG RESIGN
2	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A&J BUILDINGS CONTROLS GROUP, LLC
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	Estimated Charge \$25.00
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https://cfile.subbiz.org/scripts/efilcovy.exe

ARTICLES OF AMENDMENT

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OF	=== 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +
A&J BUILDINGS CONTROLS GROUP, LUC	Child Child
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
(A Florida Limited Liac	(miny company)
The Articles of Organization for this Limited Liability Company we	ere filed onand assigned
Florida document number L19000218359	
Flonda document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
A&J Building Controls Group, LLC	a finite Animatics III I ("I as the abbeautistion "I I ("
The new name must be distinguishable and contain the words "Limited Liability	Company, the designation LLC of the aborestation c.c.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 offi	ice address on our records, <u>enter the name of the ne</u>
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
March Desindered Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	, FIURIAN

City

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

Zip Code

Page 1 of 3

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>	Name	Address	Type of Action
		<u></u>	Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2019	
A/ (
Thend	Int	
<u></u>	Signature of a member or authorized representative of a member	

Kevin Duteau, Attorney-in-Fact

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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