L2000015841H

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10/05/20--01012--014 **25.00

10/10/20

COVER LETTER

	Registration Sec Division of Corp					
OUB ICC	PT 1	ineering Services LLC				
SUBJEC	T:Name of Limited Liability Company					
		Amendment and fee(s) are sub				
Please ret	turn all correspor	ndence concerning this matter	to the following:			
		Mandy Kaloti				
			Name of Person			
			Firm/Company			
		4702 Cypress Serenity Dri	ve			
			Address			
		Plant City, FL 33565				
		mandyvdb212@gmail.com	City/State and Zip Code			
			to be used for future annual report notif	ication)		
		nceming this matter, please c				
Ghassan Kaloti			407 446-6151 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for the	e following amount:				
\$25.0	00 Filing Fee	S30.00 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	:	Street Address:			

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leaders Engineering Services		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 6/09/2020	and assigned
Florida document number L20000158414		
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" o	
Enter new principal offices address, if applicable:		20201
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	00 1
		<u></u>
		PHIZ SSEE.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		25
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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.

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

iR = Manager IBR = Authorized Member

<u>de</u>	Name	Address	Type of Action
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		Orlando, FL 32835	□Remove
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fective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this block cument's effective date on the Department.	c does not me	et the applica	to date of filin able statutory	g or more than to filing require	(optiona 90 days after fili ements, this da	il) ng.) Pursuant ite will not l	to 605.0 pe listed	0207 ( d as t
ecord specifies a delayed effective of is filed.	late, but not a	n effective tir	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th da	iy after	the
September 17		2020	<u>.</u> .					
	M	Zen	·					
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Ší	gnature of a me	mber or autho	rized represer	ntative of a mer	nber			

Filing Fee: \$25.00