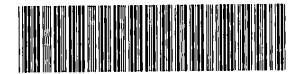
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.
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DATE:

9/1/21

**NAME**: TIE MAX LLC

TYPE OF FILING: AMENDMENT

COST: 60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

AFIL First

## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations						
TIE MAX,	LLC						
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	CHRISTOPHER COGHL	AN					
		Name of Person	<del></del>				
		Firm/Company					
	726 CENTRAL FLORIDA PKWY						
		Address					
	ORLANDO, FL 32824						
		City/State and Zip Code					
-	E-mail address: (	to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all:					
ANDY GARCIA		at () Area Code Daytime Telephone Number					
Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
□ \$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)				
Malling Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	rporations l'allahassee				
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810				

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIE MAX, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
Γhe Articles of Organization for this Limited Liability Compan	y were filed on 02.22.2021	and assigned
Florida document number L21000090741		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Praus Engineering Solutions, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		21
Principal office address MUST BE A STREET ADDRESS		21 ACR
The chair office agains and a per a stable and a supply		
	<del>_</del>	55-20 J
		NO - 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9
		· Fi 03
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		, 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 Type of Action **Address** Title Name  $\square$ Add \_ 🗆 Remove DbA□  $\square$ Remove 202 Change T. S. E. E. S. 1 7 7 Remove 03 Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ Change ☐ Remove □Remove

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effective date is listed, the date: If the date inserted in the inserted in th	his block does no	it meet the appl	icable statutory	filing requiremen	its, this date will i	not be listed
micht's checuve date on	me Department o	n state s record	is.			
cord specifies a delayed effiled.	fective date, but r	not an effective	time, at 12:01 a	a.m. on the earlier	of: (b) The 90th	h day after th
AUGUST 21		2021	00	)		
			4	ative of a member		

Filing Fee: \$25.00