

L21 000 306 090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

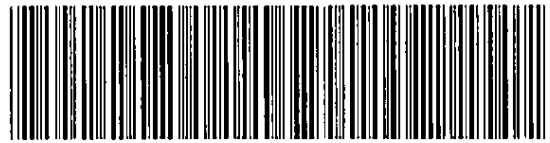
(Business Entity Name)

(Document Number)

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07/10/24--01021--028 \*\*25.00

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24 JUL 10 AM 4:51  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-10-24 BY 60322 UCBAW

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Engineering Masters, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Araya Lovelady  
Name of Person

Engineering Masters, LLC  
Firm/Company

6348 67<sup>th</sup> Way N  
Address

Pinellas Park, FL 33481  
City/State and Zip Code

Jeff@foundationmasters.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Araya Lovelady  
Name of Person

at ( 656 )  
Area Code

233-7087

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

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**

Engineering Masters LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/02/2021 and assigned Florida document number L21000306090.

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" 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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffrey Earl		<input type="checkbox"/> Add
		4905 34 <sup>th</sup> St. S suite 349, St. Petersburg, FL 33711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth E Sands		<input type="checkbox"/> Add
		4905 34 <sup>th</sup> St. S Suite 349, St. Petersburg, FL 33711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Araya Lovelady	6348 67 <sup>th</sup> Way N, Pinellas Park, FL 33781	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 15, 2024

Jeff Earl

Signature of a member or authorized representative of a member

Jeffrey Earl

Typed or printed name of signee

**Florida** DRIVER LICENSE

4d DLN **L143-000-84-904-0** 9CLASS **E**

**LOVELADY**  
**ARAYA**  
**6348 67TH WAY N**  
**PINELLAS PARK, FL 33781**

3 DOB **11/04/1984** SEX **F**  
 4b EXP **11/04/2025** 16 HGT **5'-05"**  
 12 REST **B** 9a END **NONE**

**SAFE DRIVER**  
 4a ISS **12/30/2016**  
 5DD **J732306220244**  
 REPLACED **06/22/2023**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

USA

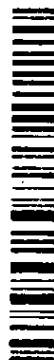
SEAL OF THE STATE OF FLORIDA

The State  
 of Florida  
 retains all  
 property  
 rights herein.  
 110484  
 Rev.  
 03/01/2020



01004837369  
 23088

21



CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs.  
 or any RV

REST: B-Corr Lenses

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS  
 OF ADDRESS OR NAME CHANGE

[WWW.FLHSMV.GOV](http://WWW.FLHSMV.GOV)

