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TO:

	gistration Se vision of Cor					
SUB IEZT.		GHT SERVICES, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		RINAY ZAHORIAN				
			Name of Person			
		TAX & FINANCIAL STR	ATEGISTS, LLC	2023 JUN 23		
	Firm/Company					
		28089 VANDERBIET DR	IVE SUITE 201	****		
			Address	C P 1		
		BONITA SPRINGS, FL 3	4134	PH 2: 36 CF STATE		
		RINAY@WONDERTAX.C	City/State and Zip Code COM	<u>m</u> or		
		E-mail address: (to be used for future annual report not	tilication)		
For further	information c	oncerning this matter, please ca	all:			
RINAY ZA	HORIAN		239 405-8395			
	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	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)		
	ailing Addres		Street Address: Registration So	ection		
Registration Section Division of Corporations			Division of Co			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTWRIGHT SERVICES, 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 $\frac{6/16/2023}{1}$ and assigned Florida document number 1.23000291696 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company herg: CARTWRIGHT ENGINEERING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
	 		□Add
			2002 C 23 JUL Change
			23 Ph Add
			Change
			□Add
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ective date, if other than the	date of filings		(optio	nal\	
n effective date is listed, the date must	be specific and cannot be pr	ior to date of filing or me	ore than 90 days after t	iling.) Pursua	nt to 605.020
ite: If the date inserted in this blocument's effective date on the De	ek does not meet the app partment of State's recor-	ncable statutory timig ds.	g requirements, uns	date will no	i de fisieu a
ecord specifies a delayed effective	date, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b)	The 90th	lay after the
is filed.					
JUNE 20TH	2023				
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Dayle	Signature of a member or au) -			

Filing Fee: \$25.00