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(Rec	questor's Name)	
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COVER LETTER

SUBJECT: MACHINEP	endent Engineering & Consulti Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	·	
Please return all correspo	indence concerning this matter	to the following:	
	Jose N Gomez-Saenz		
		Name of Person	
	JNG Independent Enginee		
		Firm/Company	
	19638 Split Rail Run		-
		Address	
	Loxahatchee, FL 33470	0: 0 15: 0 1	
	jng.consulting.pe@gmail.co	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	alł:	
Jose N Gomez-Gomez		at (561) 2487589	
Name o	f Person	Area Code Daytime	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)
Mailing Address Registration S		Street Address: Registration Sect	tion

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

Registration Section Division of Corporations

TO:

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

FILED

JNG INDEPENDENT ENGINEERING & CO		2024 APR 17 AH 7:21
(<u>Name of the Limited Liability</u> (A Florida L		on our records.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on Apri	18, 2024 and assigned
Florida document number 1.24000164928	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company her	2:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a 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 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>	Address	Type of Action
MGR	Jose N Gomez-Saenz	19638 Split Rail Run, Loxahatche, FL 33470	= Add
			□Remove
			Change
			□Add
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an effective da	ite is listed, the da ate inserted in t	te must be specific his block does no	and cannot be prio	r to date of filing o cable statutory fi		ptional) after filing.) Pursuant t this date will not b	
			· ·	time, at 12:01 a.i	n. on the earlier of	f: (b) The 90th day	after the
ocument's ef	ies a delayed ef	fective date, but	not an effective				
ocument's ef		fective date, but			\\		
ocument's ef record specif I is filed.				-/·	ive of a member		_

Filing Fee: \$25.00