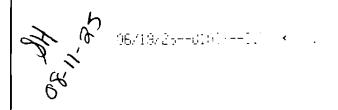


(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## COVER LETTER

Division of Corporations R.L. Engebretson Architects FL, LLC SUBJECT: Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard Wiemken Name of Person R.L. Engebretson Architects FL LLC Firm/Company 901 13th Avenue East, Suite B Address West Fargo, ND 58078 City/State and Zip Code accounting@rleco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Trenda Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee. ■\$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy

TO:

Registration Section

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

BUSINESS IN FLORIDA
SECTION I (1-4 must be completed)
1. Name of limited liability Company as it appears on the records of the Florida Department of
SECTION I (1-4 must be completed)  1. Name of limited liability Company as it appears on the records of the Florida Department of  State: R.L. Engebretson Architects FL, LLC
Enter new principal office 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)
2. The Florida document number of this limited liability company is: L24000328975
3. Jurisdiction of its organization: North Dakota
4. Date authorized to do business in Florida: July 24, 2024
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer 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 Florida 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.

tle/ Capacity	<u>Name</u>	Address	Type of Acti
GR ——-	Richard Wiemken	901 13th Avenue East, Suite B	<b>≘</b> Ad
		West Fargo, ND 58078	□Ren
			□Add
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			□Ren
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Attached is	a certificate, if required: no more	than 90 days old, evidencing the cated by the official having custody of records in the	□Ren

Filing Fee: \$25.00