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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CRETARY OF STATE
LAHASSEE, FLORID

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN URS SAFETY MANAGEMENT SOLUTIONS LLC

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8/13/2012

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CT CORPORATION

08/13/2015 00:35 8626336092

COVER LETTER

TO:		stration S ion of C	Section orporations			
SUBJ:	ECT:	URS Sa	ety Management Sohiti Name of F		C Limited Liability Co	mpany
Dear S	lie oe N	fadam:		•	-	
The er	closed	applica	ion, certificate and f	ee(s) a	re submitted for filing	3 .
Please	return	all corre	spondence concerni	ng this	matter to the following	ng:
			Name of Person			·
			Firm/Company	•		
						
			Address			
			•			
•			City/State and Zip	Code	· · · · · · · · · · · · · · · · · · ·	
E-m	ail add	R ress: (to	oxanne.raber-buehler@ be used for future ar	pre.con mual r	eport notification)	
For fur	ther in	formatio	n concerning this ma	itter, p		
		Maria	-£D	8	it ()	ime Telephone Number
		IANUIÈ	of Person	•	Alea Code & Dayi	ane relephone reminer
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclose \$25]			or the following am \$30 Filing Fee & Certificate of Sta	:	☐\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

PLDG7 - 05/07/2009 CT Filling Manager Gallen

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

	SECTION I (1-3 must be completed)	
1,	Name of limited liability company as it appears on the records of the Florida Department of State: URS Safety Management Solutions LLC Jurisdiction of its organization: Delaware Date authorized to do business in Florida: 05/01/2003	
2.	Jurisdiction of its organization: Delaware	
3.	Date authorized to do business in Florida: 05/01/2003	
	SECTION II (4-7 complete only the applicable changes)	
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?	
5.	New name of the limited liability company: URS Professional Solutions LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")	
Fi the or	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") If the amendment changes the period of duration, indicate new period of duration:	
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:	
	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member	
	Jeanne Baughman	
	Typed or printed name of signee	
	Elbra Cook 225 00	

FL957 - 05/07/2009 C T Filing Manager Online

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Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "URS SAFETY MANAGEMENT
SOLUTIONS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "URS PROFESSIONAL SOLUTIONS LLC", THE TENTE DAY OF
AUGUST, A.D. 2012, AT 4:44 O'CLOCK P.M.

3011729 **83**20

120926963

You may verify this certificate child at corb.delaware.gov/suthrer.shtml

Juffley W. Bullock, Secretary of State

DTHENT'T CATION: 9774538

DATE: 08-13-12

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