

M11000001161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

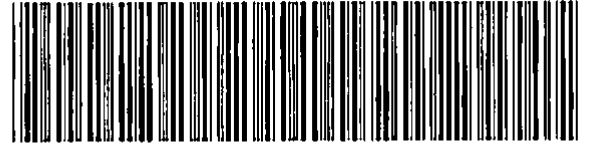
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE
19 JUL -2 PM 3:55

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AND
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T GLASS
AUG 05 2019

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 7/3/2019

Acc#I20160000072

Eric Dill

| | |
|-------------|----------------------------------|
| Name: | RIMKUS BUILDING CONSULTANTS, LLC |
| Document #: | |
| Order #: | 11938226 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

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| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 55.00

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

CT CORP

SUBJECT: RIMKUS BUILDING CONSULTANTS, LLC
Ref. Number: M17000001161

*CORRECTED
PLEASE KEEP
ORIGINAL FILE
DATE*

We have received your document for RIMKUS BUILDING CONSULTANTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Affidavit's by foreign limited liability company to change manager(s) are not done with this application

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 519A00013586

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rimkus Building Consultants, LLC
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:

Mireyda Vela

Name of Person

Rimkus Building Consultants, LLC

Firm/Company

8 Greenway Plaza, Ste. 500

Address

Houston, TX 77046

City/State and Zip Code

MV@rimkus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mireyda Vela

Name of Person

at (713) 621-3550

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

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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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Rimkus Building Consultants 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: M17000001161

3. Jurisdiction of its organization: TX

4. Date authorized to do business in Florida: 02/08/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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

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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|----------------------------|----------------------------|--|
| MGRM | Chris J. Profeta | 8 Greenway Plaza, Ste. 500 | <input checked="" type="checkbox"/> Add |
| | | Houston, TX 77046 | <input type="checkbox"/> Remove |
| MGRM | Michael D. "Mickey" Parker | 8 Greenway Plaza, Ste. 500 | <input checked="" type="checkbox"/> Add |
| | | Houston, TX 77046 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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9. Attached is a certificate, if required: 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.

John A. Dolan

Signature of the authorized representative

John A. Dolan

Typed or printed name of signee

Filing Fee: \$25.00