## M190000013a5

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SECRETARY OF STATE VISION OF CORPORATIONS

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## **COVER LETTER**

то:	Registration S Division of Co							
SUBJ	JECT: AM Eng	ineering, LLC						
				Limited Lia	bility Company)		_	
DOC	UMENT NUM	BER: M1900000132	:5				_	
The e	nclosed <i>Resolut</i> for use in Flor	tion of the members, r ida and fee are submit	nana Ited i	agers, or of for filing.	her authorized persoi	is to Withdraw	the Al	ternate
Please	e return all corre	espondence concerning	g this	s matter to	the following:			
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	(Na	me of Contact Person)		<del></del>	_			
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	•	(Firm/Company)			_			
2022	:-2 Raymond D	Diehl Rd.						
		(Address)			_			Zs.
Talla	hassee, FL 32	2308					3S 6	SECS.
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For fu	urther informatio	on concerning this mat	tter,	please call:			ა 	
Ed B	ayo		at	850	<sub>、</sub> 385-1314		PM 12: 10	r ST/
	(Name of Co	ntact Person)	_ at	(Area Code	385-1314 c) (Daytime Telephone	Number)	0	MOLLY 31.V
Enclo	osed is a check n	nade payable to the Fl	orida	a Departme	nt of State for the follo	owing amount:		(A)
□ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		\$55.00 Fiting Fee & Certified Copy (Additional copy is enclosed)		Certificate of Certified Cop	S60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Re Di Cli 26	ifton Buildi	ection orporations ing ve Center Circle				

CR2E128 (2/14)

## RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

I, the undersigned, do hereby certify that I am the Autho AM Engineering, LLC	rized Person of				
(Name of Limited Liability Company	, a limited liability	, a limited liability			
company duly organized and existing under the laws of	Tennessee —————·				
	(State or Country of Organization)				
Because the name of this foreign limited liability comparable Florida Statutes, the limited liability company hereby realternate name in the state of Florida:	· ·	505.0112,			
PM Engineering, LLC		_			
(Alternate Name Renounced in	State of Florida)				
	8/30/19				
Signature of the authorized representative	Date				
Make check payable to Florida D Registratio Division of Ce	n Section	19 SEP -3 PMI2: I			

P.O. Box 6327 Tallahassee, FL 32314

CR2E128 (2/14)