(Red	questor's Name)			
(Add	dress)	<u> </u>		
(Ado	dress)			
(City	//State/Zip/Phone	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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DATE: 03/05/2025

NAME: AM ENGINEERING, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: AM Engineering, LLC Name of Foreign Limited Liz	ability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted	i for filing.
Please return all correspondence concerning this matter to the	e following:
Curt Griffin	_
Name of Person	
Fremont-Wright, LLC	
Firm/Company	_
813 Ridge Lake Blvd	
Address	_
Memphis, TN 38120	
City/State and Zip Code	-
cgriffin@fremontwright.com E-mail address: (to be used for future annual report notifie	eation)
For further information concerning this matter, please call:	
Curt Griffin, CPA at (901) 259-8270
Name of Person Area Cod	le & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
	=
CR2E055 (9/15)	Certified Copy

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: AM Engineering, LLC
Enter new principal office address, if applicable:
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 ROY)
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: M19000001325
3. Jurisdiction of its organization: Tennessee
4. Date authorized to do business in Florida: 2/1/2019
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 nust 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 office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address
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 he provisions of all statutes relative to the proper and complete performance of my dutics, 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 locument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited iability company has been notified in writing of this change.

Title/ Capacity	<u>Name</u>	Address	Type of Action
President	Shawn Leins	813 Ridge Lake Blvd	□Add
		Memphis, TN 38120	⊠Remov
President & Managing Enginee	r Bobbi R. Claybrooke	813 Ridge Lake Blvd	XJAdd
	Memphis, TN 38120	□Remov	
			□Add
		□Remov	
		DbbA	
		□Add	
aforemention	nder the law of which this entity is	ed by the official having custody of records in the	□Remove

Filing Fee: \$25.00