

1724 CORDON 2024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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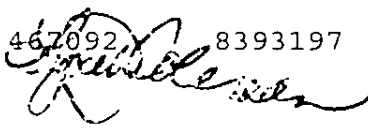
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Q

19. HUNT
05/21/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 467092, 8393197
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 13, 2024
ORDER TIME : 12:24 PM
ORDER NO. : 467092-005
CUSTOMER NO: 8393197

FOREIGN FILINGS

NAME: HAWORTH-MEYER-BOLEYN
PROFESSIONAL ENGINEERS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAWORTH-MEYER-BOLEYN PROFESSIONAL ENGINEERS, 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:

KAITY FRANK

Name of Person

TRILON GROUP

Firm/Company

1200 17TH ST, SUITE 860

Address

DENVER, CO 80202

City/State and Zip Code

REGISTRATION@TRILONGROUP.COM

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

For further information concerning this matter, please call:

KAITY FRANK

at (720) 797-9987

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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: HAWORTH-MEYER-BOLEYN PROFESSIONAL ENGINEERS, LLC

Enter new principal office address, if applicable: N/A

(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: M24000003074

3. Jurisdiction of its organization: KENTUCKY

4. Date authorized to do business in Florida: 3/11/2024

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

5. New name of the limited liability company: N/A
(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: N/A

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

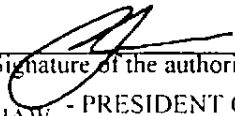
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

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>
CEO	ROBERT DOWLER	3 HMB CIR. FRANKFORT, KY 40601	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AP	MITCH GREEN	3 HMB CIR. FRANKFORT, KY 40601	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AP	CHARUL DOSHI	1200 17TH ST. #860 DENVER, CO 80202	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
VP	MICHAEL RENSHAW	1200 17TH ST. #860 DENVER CO 80202	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
VP	CHRISTOPHER STEWART	3 HMB CIR. FRANKFORT, KY 40601	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.



Signature of the authorized representative
MICHAEL RENSHAW - PRESIDENT OF SOLE MEMBER, TRILON TRANSPORTATION
HOLDINGS, LLC.

Typed or printed name of signee

Filing Fee: \$25.00

467092-5

CONFIDENTIAL

Exhibit A

Schedule of Officers

Robert Dowler	President & CEO
Julia Stutz	Secretary
Charul Doshi	Treasurer
Michael Renshaw	Vice President
Christopher Stewart	Vice President
Mitch Green	Authorized Person

2022

2022