

L07000123352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

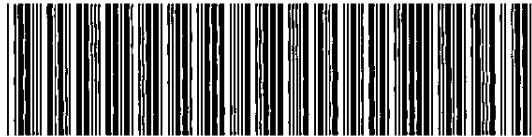
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400111323924

12/17/07--01006--002 **60.00

RECEIVED
07 DEC 17 AM 9:24
STATE
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 DEC 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK
12/17

CAPITAL CONNECTION, INC..

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Land Surveying Services, LLC

07 DEC 17 PM 1:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☒ Art. of Amend. File *CC* _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☒ Photo Copy _____
- ☒ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Courier

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAND SURVEYING SERVICES, LLC

(Present Name)
(A Florida Limited Liability Company)

FILED
07 DEC 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The date of filing of the articles of organization was 12-12-07

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

The name of the Company is hereby amended to be:

FULL SCOPE SURVEYING, LLC

Dated December 12, 2007

 AS SOLE MEMBER & MANAGER
Signature of a member or authorized representative of a member

Wells D. Meeker
Typed or printed name of signee

Filing Fee: \$25.00