

LD 8 0000 78037



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(Document Number)

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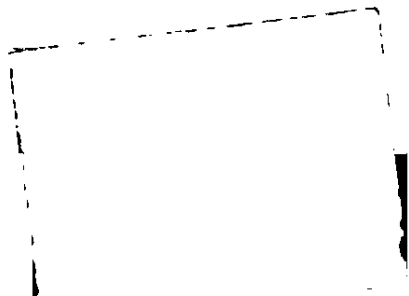
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T. CLINE  
MAR 30 2009  
EXAMINER



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DESIGN RESOURCES & DRAFTING GROUP, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID J. COUGHLIN JR.  
(Name of Person)

DESIGN RESOURCES & DRAFTING GROUP, LLC.  
(Firm/Company)

5707 19th St. W.  
(Address)

BRADENTON, FL. 34207  
(City/State and Zip Code)

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For further information concerning this matter, please call:

DAVID J. COUGHLIN JR. at (941) 256-6010  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

DESIGN RESOURCES & DRAFTING GROUP, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 13, 2008 and assigned Florida document number LO8000078037

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GEOSURV, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

744 SOUTH CLAYTON AVE.  
LAKELAND, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

744 SOUTH CLAYTON AVE.  
LAKELAND, FL 33801

**B. If amending the registered agent and/or registered office 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:

JUSTIN B. HARRIS

New Registered Office Address:

744 SOUTH CLAYTON AVE.

(Enter Florida street address)

LAKELAND

(City)

Florida

33801

(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 608, 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.

Justin B. Harris  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

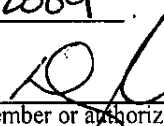
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUSTIN B. HARRIS	744 SOUTH CLAYTON AVE. LAKELAND, FL 33801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HAROLD E. NOON	11850 GRANITE WOODS LOOP VENICE, FL 34292	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVID J. COUGHLIN JR.	5707 19th St. W. BRADENTON, FL 34207	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated MARCH, 24, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

DAVID J. COUGHLIN JR.  
 \_\_\_\_\_  
 Typed or printed name of signee