(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
· .				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
. ·				
(Document Number)				
Certified Copies Certificates of Status				
Outside the second seco				
Special Instructions to Filing Officer:				
1 05.				
L SFITEDS				

Office Use Only

JUN 28 2010

EXAMINER



100182098161

06/21/10--01038--024 **25.00

SECRETARY OF STATE

COVER LETTER

Division of C					
SUBJECT:	ATI Survey	ing & Mapping, LLC			
		nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
•	Nicole Russ				
Name of Person					
ATI Surveying & Mapping, LLC					
Firm/Company					
		Address			
St. Petersburg, FL 33711					
		City/State and Zip Code			
	E-mail address:	(to be used for future annual report notifi	cation)		
For further information	concerning this matter, please	call:			
	Nicole Russ	at (_727_)	328-0268		
Name	of Person	Area Code & Daytimo	: 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)	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

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

ATI Surveying & Mapping, 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 January 5, 2009 and assigned Florida document number L0900000820
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: CARLOS R. LEMOS
New Registered Office Address:
Enter Florida street at the second street at the se
City 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 age to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and light amount with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Ortal 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

Page 1 of 2

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>	Name	<u>Address</u>	Type of Action
Pres.	Dimitri Gauquier	4610 Central Avenue St. Petersburg, FL 33711	Add ☑ Remove
Pres.	Carlos Lemos	4610 Central Avenue St. Petersburg, Fl. 33711	Add Remove
· · · · ·			∴
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
·			_
_			
Dated	June 11 ,	2010	
	Signature of a	member or authorized representative of a member	 -
	·	Carlos Lemos Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00