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## **COVER LETTER**

TO:

TO: Registration Se- Division of Corp				
SUBJECT: SUF	3-CON SURV	EYING LLC.		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Son A Go	ld	
	Sub	-Con Survey	ing Ilc.	
		SWANTON LA		
	Jack	SONVILLE, F City/State and Zip Code	1, 32244	
	E-mail address: (	CFLA & GMAIL & to be used for future annual report no	ortification)	
For further information co	oncerning this matter, please co	all:		
Jason A	Gold	at ( <u>904</u> ) <u>738</u> Area Code Dayti	3-2299	
Name of	Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for th	e following amount:			
名 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUB-CON SURVEYING L.L.C. (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 MAY 12, 2020 and assigned Florida document number <u>L</u> 20000127708 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUB-CON SERVICES L.L.C. The new name must be distinguishable and contain 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: New Registered Office Address: Enter Florida street address

## 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐Change
			□Add
			□Remove
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			□Add
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			□Add
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			□Add
			□Remove
			Change

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<del></del>	
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(If an effective Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of $0$ th day after the record is filed.
Dated	March 11. 2025
	Jason a Hold
	Signature of a member or authorized representative of a member
	/ // // 1 1 1

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Filing Fee: \$25.00