

LDB 000029694

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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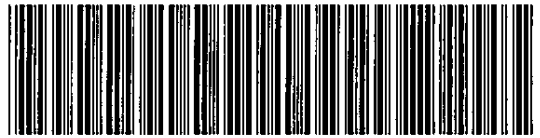
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OCT - 7 2009

EXAMINER



800160796288

10/06/09--01015--008 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT - 6 AM 11:06

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEISMIC SPECIALISTS 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:

ALBERT VANNIEKERK

Name of Person

SEISMIC SPECIALISTS LLC

Firm/Company

470 BROADWAY #314

Address

BAYONNE, NJ 07002

City/State and Zip Code

ACCOUNTING@CDBLLC.BIZ

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

For further information concerning this matter, please call:

ALBERT VANNIEKERK

Name of Person

at ( 612 )

8195752

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT -6 AM 11:06

**SEISMIC SPECIALISTS, 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 03/24/2008 and assigned  
Florida document number L08000029694.

This amendment is submitted to amend the following:

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

**SEISMIC SPECIALISTS 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:**

1171 BEACH BLVD STE 103

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE BEACH, FL 32250

**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:

1171 BEACH BLVD STE 103

*Enter Florida street address*

JACKSONVILLE BEACH

Florida

32250

*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 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.*

**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	CONTRACT DRILLING & BLASTING LLC	125 7TH ST S JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CONTRACT DRILLING & BLASTING LLC	1171 BEACH BLVD STE 103 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated OCTOBER 1, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
ALBERT P VANNIEKERK  
\_\_\_\_\_  
Typed or printed name of signee