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(Req	questor's Name)			
(Add	lress)	_		
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(City	//State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to F	iling Officer:			
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05/27/08--01021--022 **25.00

08 MAY 27 PH 3: 50
SECRETARY OF STATE



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: W/L	LIAM GREENE (Name of Lim	SURVEYING, LLC ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	WILLIAM	G. REIDY (Name of Person)		
	WILLIAM	SREENE SURVEYI	NG, LLC	•
		TH AVENUE N. (Address)		08 HA
	PINELLAS	PARK, FL. 3378 (City/State and Zip Code)	ASSEE	727 PH
	concerning this matter, please of	call:	LORIDA	PH 3: 50
WILLIAM	G. REIDY	at (727) 686 09 (Area Code & Daytime T	49	
(Name	of Person)	(Area Code & Daytime 1	elepnone (vumber)	
Enclosed is a check for t	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 Sta Certified Copy (additional copy)	

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

WILLIAM GRE	EENE	SURVE	ING,	LLC		
(Name of the Limited Liabil (A Florid	ity Company a Limited Lia	as it now appea bility Company)	rs on our rec	ords.)		
The Articles of Organization for this Limited Liability Florida document number		ere filed on	10/08	3/07	_ and assig	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liabili	ty company he	<u>re</u> :			
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited	Liability Comp	any," the desi	gnation "LLC	or the ab	breviation
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	DRESS)			2	Z 0	
Enter new mailing address, if applicable:				H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BMAY 27 I	
(Mailing address MAY BE A POST OFFICE BOX)					PH 3: 5	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		e address on	our records	, enter the	\sim	the new
Name of New Registered Agent:						
New Registered Office Address:		(E	nter Florida	street addre	ss)	
			, Fl	orida		
	<u> </u>	(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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member-being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HARRY W. MARLOW	3931 68TH AVENUE NOR PINELLAS PARE, FL 33781	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			08 MAY 27 PI
Dated	MAY 21, 200 William D. Reide Signature of a member WILLIAM G. REID	<u>8</u>	PH 3: 50 PH 3: 50 PF STATE SF CORIDA
	Signature of a member WILLIAM G. REID	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00