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ELED SECRETARY OF STATE

C. LEWIS

JAN 1 2 2010

EXAMINER

COVER LETTER

Division of Cor			
SUBJECT: Bam	mer Surveying, 1 Name of Limit	LC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tara J. I	-eeley Name of Person	
		Name of Person	
		Firm/Company	
	9210 SE FO	rk Kina Street, Unit i	Ω
		rt King Street Unit	
	Ocala E) 3447)	
	<u> </u>	L 34471 City/State and Zip Code	
	t feeley 12	t e gmail. Com be used for future annual report notificat	dan)
		•	ion)
For further information c	oncerning this matter, please ca	all:	
Tara J.	Feeley	at (352) 368-40 Area Code & Daytime T	33
Name o	f Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the	he 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

2010 JAN 1.1 PH 19 06

Bammer Si	urveying, LLC	SECRETARY OF STATE
(Name of the Limited Link (A Flor	oility Company as it now appears of ida Limited Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liabili		
Florida document number <u>L67000117652</u>	-	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
	2	, Florida
-	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, 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>		Address	Type of Act	<u>tion</u>
MGRM	. Tara J.	Feeley	1543 NE 22nd Avenue Unit A	. ☐ Add X Remove	
		-	Ocala, FL 34471	Remove	
				Add Remove	
				Add Remove	
		<u></u>		Add Remove	
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D. If amend	ling any other inf	formation, enter chan	ge(s) here: (Attach additional sheets, if necessar	ry.)	
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Dated	January	<u>8</u> , 20		2010 SEI TALI	
		Tora J. Signature of a memb	Leo (e.g., er or authorized representative of a member	2010 JAN 1.1 SECRE ART	FILED
		Tara J. Fe	ed or printed name of signee		Ш
		гурс	Page 2 of 2	PM IB OF STATE	U
			Filing Fee: \$25.00	Dri 🛎	