## L08000078037

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
I ALUNI I

MAY - 2 2010

**EXAMINER** 

Office Use Only



200178711282

04/29/10--01030--011 \*\*60.00

SECRETARY OF STATE TALL'AHASSEE, FLORIDA

HIII APR 29 AM 8: 8

## **COVER LETTER**

Division of Co				•	
SUBJECT:	Ge	osurv, LLC			
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
	Amendment and fee(s) are sul	-			
Please return all correspondence	ondence concerning this matter	to the following:			
	David Coughlin				
Geosurv, LLC				京。 足	
		THE T			
		2010 APR 29 SECRETARY			
		APR 29 AM CAHASSEE, F			
Bradenton, Florida 34207				4 8: 84 FLORID	
	City/State and Zip Code				
	info E-mail address: (	info@geosurveygroup.com  E-mail address: (to be used for future annual report notification)			
For further information c	concerning this matter, please c	call:			
Da	vid Coughlin	at ( 877 ) 4	07-3734		
Name c	of Person	Area Code & Daytime T	'elephone Number	···	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
	JNG ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Geosur Liability Compa Florida Limited L	v, LLC ny as it now appears o hability Company)	n our records.)		
The Articles of Organization for this Limited Li Florida document number L08000078		were filed on	8/13/08	and assign	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end wit	n the words "Limi	ited Liability Company,	" the designation "	LLC" or the abl	previation
Enter new principal offices address, if applicable:		5707 19th Stree	et West	20 H	
(Principal office address MUST BE A STREET ADDRESS)		Bradenton, Fl. 3	34207	APR 2	=
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	5707 19th Stree Bradenton, Fl. 3		9 AM 8: 05	ED	
B. If amending the registered agent and/or the new registered of			records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	David Coug	hlin			
New Registered Office Address:	5707 19th S		Florida street ad	lda son	
	5		Florida	0.4007	
<del></del>		City	, Fibrida	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, <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>	<u>Address</u>	Type of Action
MGRM	Justin B. Harris	744 S. Clayton Ave	Add Remove
		Lakeland, Fl. 33801	[7] Keniove
			Add
			<b>三</b>
			Remove ∏
			F-53 89 C
			A Remove
<del> </del>			Ndd Remove
			Add Remove
D If amen	ding any other information, enter	er change(s) here: (Attach additional sheets, if necessary	.)
D. Hamen	any other mornaton, ene	Temperature (minor temperature)	·/
			-
_			***************************************
	A a all OC	2040	<del></del>
Dated	April 26	2010	
	Signature of a	a member or authorized representative of a member	
		David Coughlin Typed or printed name of signee	
		Page 2 of 2	

Page 2 of 2

Filing Fee: \$25.00