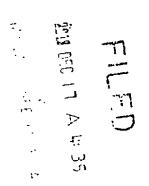
## 108000078222

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Office Use Only



12/03/18--01029--029 \*\*43.75



D. SCOTT DEC 1 8 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2018

ROBERT W CASE 21430 PALM BEACH BLVD ALVA. FL 33920

SUBJECT: LIS LAND SURVEYING, LLC

Ref. Number: L08000078222

We have received your document for LIS LAND SURVEYING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

Letter Number: 618A00025049

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIS Land Surveying, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 08-14-2008	and assigned
Florida document number L08000078222	<u>-</u> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	·
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our record ess here:	s, enter the name of the
Name of New Registered Agent:		••
New Registered Office Address:	Enter Florida street addre	××
	r:	orida
	City	oridaZıp 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 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
AMBR	CHARLES DEGRAFF	301 HAZELTINE DR	bbA <b>≅</b>
		DEBARY, FL 32713-4561	
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an effective date is listed ote: If the date inser	er than the date of filing determined, the date must be specific and ted in this block does not late on the Department of	ind cannot be prior to date t meet the applicable st	of filing or more than 90 day atutory filing requirement	(optional) s after tiling.) Pursus s, this date will no	ant to 605.020° of be listed as
	a delayed effective er the record is filed		effective time, at 12:	:01 a.m. on th	e earlier o
•	, 14	0118			
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	ber / 3 fm	LO/8  LU  a member or authorized r	representative of a member		<del></del>

Page 3 of 3

Filing Fee: \$25.00