L 09 0000	74039
(Requestor's Name) (Address)	100419222291
(Address) (City/State/Zip/Phone #)	11/27/2301023011 <b>++</b> 25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Office Use Only	

### TO: **Registration Section**

**Division of Corporations** 

Poulos & Bennett, LLC SUBJECT: \_\_\_\_

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:

	Kristi L. Benson		
		Name of Person	
	BrewerLong PLLC		
		Firm/Company	······································
	407 Wekiya Springs Rd Si	te 241	
		Address	 
	Longwood, Florida 32779		, , ,
		City/State and Zip Code	
	sunbiz@brewerlong.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information e	concerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
Kristi Benson		407 660-2964 at (	د. در
Name o	f Person	at () Area Code Daytim	ie Telephone 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)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Comportions	Division of Co	morations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

# DocuSign Envelope ID: BA0B49C4-242C-4E8A-9077-6D58B8CDC469 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

03/11/2	109
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/41/2}{1}$	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "LLC."
•	ation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	ation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the words "Limited Liability Company," the design   Enter new principal offices address, if applicable:   (Principal office address MUST BE A STREET ADDRESS)   Enter new mailing address, if applicable:   (Mailing address MAY BE A POST OFFICE BOX)	ation "LLC" or the abbreviation "LLC"

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	address
		Florida
	Chy	Zip Cinte

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. Thereby confirm that the limited liability company has been notified in writing of this change.

DocuSign Envelope ID: BA0B49C4-242C-4E8A-9077-6D58B8CDC469 It amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

-

<u>Title</u>	Name	Address	<u>Type of Action</u>
Director of Surveying - Orlando	Steven E. Blankenship	957 Meadow Glade Drive	■ Add
		Winter Garden, Florida 34787	
			Change
			□Add
			□Add
			Change
			🗆 Ādd
			🗌 Remove
			Change
		· · · · <b>- · · · ·</b> · · · · · · · · · · · · · · ·	□ Add
			Change
			□Add
			Change

DocuSign Envelope ID: BA0B49C4-242C-4E8A-9077-6D58B8CDC469

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

· · · ·	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	`
	. •
- <u></u>	-
	τ.
	·

\_ (optional)

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	11/21/2023   10:51 AM EST 2023
	Docusigned by: Lance Bennett
	Signature of a member or authorized representative of a member
	R. Lance Bennett
	Typed or printed name of signee

Filing Fee: \$25.00