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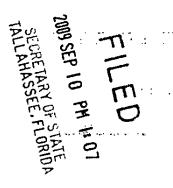
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Office Use Only



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C. LEWIS SEP 1 1 2009 EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|------------------------------------|--|--|--|--|--|
| SUBJECT: | Oceanside Land Survey, LLC | | | | |
| | Name of Limited Liability Company | | | | |
| The enclosed Articles of | of Amendment and fee(s) are submitted for filing. | | | | |
| Please return all corresp | pondence concerning this matter to the following: | | | | |
| | Richard A. Burt, II | | | | |
| | Name of Person | | | | |
| | Burt & Burt | | | | |
| | Firm/Company | | | | |
| | 220 S. Ridgewood Ave., Suite 200 | | | | |
| | Address | | | | |
| | Daytona Beach, FL 32114 | | | | |
| | City/State and Zip Code | | | | |
| | rick@burt-burt.com E-mail address: (to be used for future annual report notification) | | | | |
| For further information | concerning this matter, please call: | | | | |
| | chard A. Burt, II at (386) 252-2090 of Person Area Code & Daytime Telephone Number | | | | |
| | | | | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

2009 SEP 10 PM # 07

| Oceanside Land | d Survey, LLC | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our reco liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company Florida document numberL0900064142 | were filed on July 2, 2 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ted Liability Company," the desig | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 2090 S. Nova Road, Un | it A107 |
| (Principal office address MUST BE A STREET ADDRESS) | South Daytona Beach, I | L 32119 |
| | | |
| Enter new mailing address, if applicable: | 2090 S. Nova Road, Un | it A107 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | enter the name of the new |
| registered agent and/or the new registered office address her | <u>e</u> . | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida si | |
| | Enter r torida si | reei aaaress |
| | , Flo | orida 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

16-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

| Title | <u>Name</u> | Address | Type of Action |
|------------|--------------------------------|--|--|
| MGRM | Chris Hanson | 25255 Wood St. Port Orange, FL 32127 | ✓ Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, en | nter change(s) here: (Attach additional sheets, if ned | cessary.) |
| | | | 2009 SET |
| Dated | Septet 9 | 7009 | EP 10 PH 16 07 RETARSEE, FLORID AHABSSEE, FLORID |
| | Signature | Richard A. Burt, II Typed or printed name of signee | DRIE OT |

Page 2 of 2

Filing Fee: \$25.00