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2009 SEP 17 MID: 19
SECRETARSEE FLORIDA

M. THOMAS

SEP 18 2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	rporations		
SUBJECT:	GREY SEISMI	C MONITORING, LLC	
Sobile I.		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOEL CHAMBERLAIN Name of Person		P.A. P.A. P.A. P.A. P.A. P.A. P.A.
•	CHAMBERLAIN & ASSOCIATIES, P.A. Firm/Company		P.A. FERRY SEED BY
	2950 H	606 FLORIDE 19	
	JAC	Address KSONVILLE, FL 32223	7
		City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please of	l@chamberlainpa:com to be used for future annual report no call:	tification)
Joe	l Chamberlain	at (_904_)_	281-9970
Name ·	of Person	Area Code & Day	time Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. F	LING ADDRESS: Iration Section on of Corporations Box 6327 Bassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREY SEI	SMIC MONITORING,	LLC
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears ida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on <u>SEF</u>	TEMBER 11, 2009 and assigned
Florida document numberL0900088005	<u>.</u> .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	;
GRAY SE	ISMIC MONITORING, LLC	<u> </u>
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	TAL
Enter new principal offices address, if applicable		SE SE
(Principal office address MUST BE A STREET AL	DDRESS)	ASSET I
Enter new mailing address, if applicable:		CF STATE
(Mailing address MAY BE A POST OFFICE BOX		7
B. If amending the registered agent and/or receistered agent and/or the new registered office a		ur records, enter the name of the nev
Name of New Registered Agent:		•
New Registered Office Address:	Ente	er Florida street address
		. 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 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
MGR	SAMUEL A. GREY	2398 SMOOTH WATER WAY JACKSONVILLE, FL 32246	'SOUTH ☐ Add ☐ Remove
<u>MGR</u>	SAMUEL A. GRAY	2398 SMOOTH WATER WAY JACKSONVILLE, FL 32246	'SOUTH
			Add Remove
			Aga Aga Rombve R
			Add Remove
D. If ame	nding any other information, e	nter change(s) here: (Attach additional sheets, if no	ecessary.)
Dated	SEPTEMBER 14	_,2009	
	Signature o	Fa member or authorized representative of a member	
	J.Bintulo (JOEL CHAMBERLAIN	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00