

L10000028601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

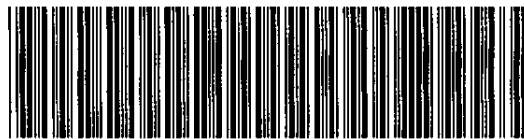
(Business Entity Name)

(Document Number)

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APPROVED,
AND
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12 OCT 19 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 22 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLSTATE SURVEYING, LLC

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:

MIKE LIGON

Name of Person

ALLSTATE SURVEYING, LLC

Firm/Company

1844 N NOB HILL ROAD #429

Address

SUNRISE, FLORIDA 33322

City/State and Zip Code

ADMIN@ALLSTATESURVEYORS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE LIGON, PE, PA, TRUSTEE

Name of Person

at (888)

569-0480

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 19 PM 1:08

APPROVED
AND
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALLSTATE SURVEYING, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/04/2010 and assigned
Florida document number L10000028601.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MIKE LIGON

New Registered Office Address:

1844 N NOB HILL ROAD #429

Enter Florida street address

SUNRISE

Florida

33322

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	MIKE LIGON	1844 N NOB HILL ROAD #429 SUNRISE, FLORIDA 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DELIA MERCADO	1844 N NOB HILL ROAD #429 SUNRISE, FLORIDA 33322	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

12 OCT 19 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Dated October 8th, 2012

Delia Mercado

Signature of a member or authorized representative of a member

DELIA MERCADO

Typed or printed name of signee