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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Williamson Maine Surveyors LC 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:
Name of Person Name of Person
Firm/Company
105 7 AVENE
Ruskin FL 33570 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cheryl Creason at (813) 645-4000
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10-17-2013 and assigned Florida document number L/3000/46508 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 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: New Registered Office Address: Enter Florida street address

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.

City

, Florida _

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 = M $AMBR = A$	uthorized Member			
<u>Title</u>	<u>Name</u>	Address	21 00T 15 PM 3: 21	Type of Action
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be predictive date inserted in this block does not meet the appument's effective date on the Department of State's reconstruction.	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 dicable statutory filing requirements, this date will not be listed as
ord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	
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Signature of a member or au	Athorized representative of a member