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AUG 09 2017

COVER LETTER

Ambient E	Engineering & Surveying LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Anne Lemos	
	Name of Person	
	Ambient Engineering & Surveying LLC.	
	Firm/Company	
	4610 Central Avenue	
	Address	
	St Petersburg, Florida 33711	
	City/State and Zip Code	
	ambtec@aol.com \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	E-mail address: (to be used for future annual report notification) ARC ACC ACC ACC ACC ACC ACC AC	_
For further information (concerning this matter, please call:	_
Anne Lemos	of Person Area Code Daytime Telephone Number	
Name (of Person Area Code Daytime Telephone Number	_
	IZ: I-	
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Ambient Engineering & Surveying LLC

company has been notified in writing of this change.

(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 $\frac{05-29-2014}{1}$ and assigned Florida document number L14000086303 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marcus N. Hall	30640 Deer Run, Dade City, FL 33.	■ Add
			□ Remove
			☐ Change
			Remove
			□ Change
			Add Add
			AHE Remove - 8
			Tell ARREMOVE FLORIDA
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change

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lf an effecti	e date, if other than the date of filing: (opt ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date of filing or more than 90 days.	r filing.) Pursuant to 605,020
	the date inserted in this block does not meet the applicable statutory filing requirements, the t's effective date on the Department of State's records.	is date will not be listed as
	rd specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier o
The 90	Oth day after the record is filed.	
15 . 1	0.0 7	
Dated	ang. 7 2017.	
	anne Lemos	
	Signature of a member or authorized representative of a member	
	Anne Lemos	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00