L14000086303

| · |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| | Registration S Division of Co | | | |
|------------|----------------------------------|--|---|---|
| SUBJEC | Ambient I | Engineering & Surveying LLC | | |
| 5024150 | | Name of Lin | nited Liability Company | |
| | | | | |
| | | of Amendment and fee(s) are sub | ~ | |
| 1 lease le | turn an corresp | condence concerning this matter | to the following: | |
| | | Anne Lemos | | |
| | | | Name of Person | |
| | | Ambient Engineering & S | urveying LLC | |
| | | | Firm/Company | |
| | | 4610 Central Avenuc | | |
| | | - | Address | |
| • | | St Petersburg, Florida 337 | 11 | |
| | | | City/State and Zip Code | |
| | | ambtec@aol.com | to be used for future annual report notif | |
| For fireth | ar intarmation | | | ication) |
| roi luitie | er unformation | concerning this matter, please c | all: | |
| Anne Lei | mos | | 727 328-0268 | |
| | Name | of Person | | : Telephone Number |
| Enclosed | is a check for | the following amount: | | |
| □ \$25.0 | 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) |
| | | LING ADDRESS: | STREET/COURIE | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 LLO | | | |
|--|---|---|---|
| (Name of the Limited I | iability Company as it n lorida Limited Liability (| ow appears on our records.) company) | |
| The Articles of Organization for this Limited Liabil | | ed on 05/29/2014 | and assigned |
| Florida document number L14000086303 | · | | |
| This amendment is submitted to amend the following | | | |
| A. If amending name, enter the new name of the | e limited liability con | npany here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Compa | any," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX | ——— V1 | | |
| 2= 73 · 05 · 0111CL DO | <u> </u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: | address here: | | The same of the new |
| New Registered Office Address: | | | |
| | | Enter Florida street address | |
| | | , Florida | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Regis | | | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | nd complete perform ed agent as provided stered office address. | ance of my duties, and La for in Chanter 605 F S | om familiar with and |
| | If Changing Regi | stered Agent, Signature of New | · · · · — — — — — — — — — — — — — — — — |
| | Page 1 of 3 | | AHTI: 22 |

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> | <u>Address</u> | Type of Action |
|--------------|----------------|----------------------------------|----------------|
| AMBR | Alvie Griffith | 2101 Meadowbrook Drive, Lutz, Fl | |
| | | | Remove |
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| etive date, if other than the effective date is listed, the date many if the date inserted in this liment's effective date on the liment's | ust be specific and cannot b block does not meet the a Department of State's re | e prior to date of filing o applicable statutory fi cords. | r more than 90 days afte ling requirements, th | er filing.) Pursuant to 605.6 is date will not be listed |
| | | ut not an effectiv | c time, at 12.01 | a.m. on the earne |
| e 90th day after the re | ecord is filed. | | t time, at 12.01 | a.m. on the earne |
| e 90th day after the re | ecord is filed. | ut not an effectiv | time, at 12.01 | |
| e 90th day after the re | ecord is filed. | Lemos | | |
| ecord specifies a delayer e 90th day after the red d August 16 | ecord is filed. 2017 Anne | Lemos | | 17 A |

Filing Fee: \$25.00