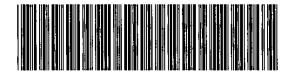
L15000087331

(Re	questor's Name)	
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15 MAY 21 PH 12: 20 SECKLIARY OF STATE ALLAHASSEE, FLORINA

MAY 2 6 2015 **T. BROWN**

COVER LETTER

Landmark I SUBJECT:	Professional Land Surveyors, L	LC.	
SUINEC1.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Willis C. White		
		Name of Person	
	Landmark Professional Landmark	nd Surveyors, LLC.	
		Firm/Company	
	2121 Corporate Square Blv	rd #130	
		Address	
	Jacksonville FL 32216		•
		City/State and Zip Code	
	OnPointLandSurveyors@gr	nail.com to be used for future annual report notifi	cation
For further information of	oncerning this matter, please co	·	cationy
W. Casey White		904 504-8900	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15 MAY 21 PM 12: 20

TALLAH SSEE FLORIDA

and assigned

Landmark Professional Land Surveyors, 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 Liabil Florida document number L15000087331	lity Company were filed on 5/18/15	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
On Point Land Surveyors, LLC		•
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	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	x) registered office address on our re	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
-	City	, FloridaZip 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
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			□ Remove
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			☐ Remove
			☐ Change
			Add
			□ Remove
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			□ Change

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Typed or printed name of signee

Filing Fee: \$25.00