

L15000087331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

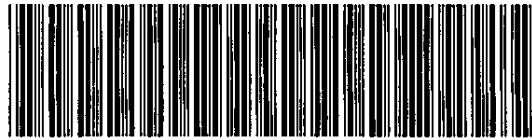
(Document Number)

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09/15/16--01011--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 26 PM 3:15

FILED

K. SALY

SEP 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2016

ON POINT LAND SURVEYORS, LLC
COURTNEY MALLORE
2121 CORPORATE SQUARE BLVD, STE. 130
JACKSONVILLE, FL 32216

SUBJECT: ON POINT LAND SURVEYORS, LLC
Ref. Number: L15000087331

2016 SEP 26 PM 4:52
FALL 2016

We have received your document for ON POINT LAND SURVEYORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00019933

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: On Point Land Surveyors, 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:

Courtney Mallore

Name of Person

On Point Land Surveyors, LLC

Firm/Company

2121 Corporate Square Blvd, Suite 130

Address

Jacksonville, FL 32216

City/State and Zip Code

onpointlandsurveyors@gmail.com

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

For further information concerning this matter, please call:

Courtney Mallore

904

619-0308

at (_____) _____

Name of Person

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

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

On Point Land Surveyors, LLC.

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

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2016 SEP 26 PM 3:15
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/18/15 and assigned
Florida document number L15000087331.

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:

Courtney Mallore

New Registered Office Address:

2121 Corporate Square Blvd, Suite 130

Enter Florida street address

Jacksonville

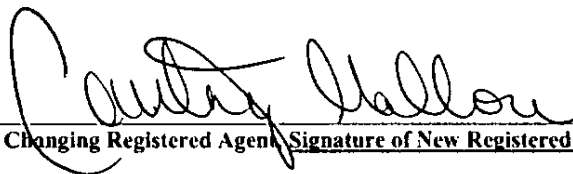
Florida 32216

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

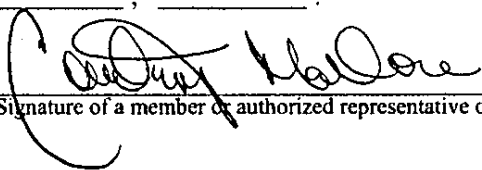
E. Effective date, if other than the date of filing: 9/12/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 9/12/16


Signature of a member or authorized representative of a member

Courtney Mallore

Typed or printed name of signee