L15000095519

(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:

Office Use Only



200274073432

06/22/15--01051--009 **25.08

FILED

15 JUN 22 AM 7: 57

SECRETARY OF STATE

.4 201°

... Janifer 1

COVER LETTER ...

Division of Corporations				
SUBJECT:S	urveyors LLC			
	Name of Limit	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	Ga	ry Gillespie		
		Name of Person	· · · · ·	
	Su	rveyors LLC		
		Firm/Company		
	300 S Ca	loosahatchee Ave		
		Address		
	Jupiter	F1 33458		
	- Jupitol	City/State and Zip Code		
	Mark@bal	truncpa.com		
-	E-mail address: (to	be used for future annual report notifica	tion)	
For further information conc	erning this matter, please cal	II:		
J Mark Bal	trun	o. (561 \ 575_0037		
Name of Pe		at (<u>561</u>) <u>575-0037</u> Area Code Daytime To	elephone Number	
Enclosed is a check for the for	ollowing amount:			
□ XX5.00 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:

TO:

Registration Section

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

purveyors pro			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appea	ars on our records.)	
(A Piorida Li	imited Liability Company)		TAE S
The Articles of Organization for this Limited Liability Con	npany were filed on _	6/1/15	andassigned
Florida document number <u>L15000095519</u>	,		TAR 22
This amendment is submitted to amend the following:			M 7:57
A. If amending name, enter the new name of the limite	d liability company h	iere:	SET SI
Engine Surveyors LLC			ŌE A
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u>(SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address o ss here:	n our records, <u>e</u>	nter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
Highwored Office Hadress.	Enter Flo	orida street address	
		E	1.
	City	, Floric	1 a 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Address Type of Action** Name <u>Title</u> _□ Add ☐ Remove _□ Change _□ Add □ Remove _□ Change _□ Add ☐ Remove Rethovi □ Add ☐ Remove _□ Change _□ Add _□ Remove Change

If amend	ling any other infor	mation, enter cha	inge(s) here: (Attac	ch additional sheets	s, if necessar,	v.)	
							-
							•
				· · · · · ·			-
							-
			· · · · · · · · · · · · · · · · · · ·				-
 -							-
							-
			_				_
							
							_
							-
							-
							_
							_
							_
							_
							_
Mote: If Mote: If documen he reco	e date, if other than tive date is listed, the date the date inserted in that's effective date on the ard specifies a delation day after the	must be specific and one block does not move the Department of Sunyed effective do	cannot be prior to date of eet the applicable state ate's records.	thing or more than 90 utory filing requiren	nents, this date	;.) Pursuant to 60; e will not be lis	ited as t
	June 18	K	3015				
Dated	June 18		2015				
			Le Sur	llern		TS 15	
		Signature of a M	nember or authorized re	presentátive of a memb	er	CRE	
		Gary Gil	=			JUN 22 CRETAR LAHASE	
		<u> </u>	Typed or printed name	of signee		mar 3	M
			Page 3 of 3	i		7:57 STATE FLORID	O
			Filing Fee: \$2	5.00		A	