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2022 HAR 21 PH 2: 19 SECRETARY OF STATE

A. BUTLER APR 0 6 2022

COVER LETTER

FO: Registration Sec Division of Corp	ction porations	5	>					
	g Solutions LLC	**						
SUBJECT:	Name of Limited Liability Company							
	Amendment and fee(s) are subn							
Please return all correspon	ndence concerning this matter to	o the following:						
	Xavier Kellyman							
		Name of Person						
	Geobuilding Solutions LLC							
	Firm/Company							
	Address Tamarac, FL 33321							
		City/State and Zip Code						
	geolandsurveyeo@gmail.com E-mail address: (to be used for feture annual report notification)							
For further information of	concerning this matter, please ca	all:						
Shirley Luciano		954 399-6656 at ()						
Name C	of Person	Area Code Daytime	Telephone Number					
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	S30.00 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)					
		Stroot Address						

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Geobuilding Solutions LLC

2022 MAR 21 PM 2: 19

(Name of the Limited Liability Company as it now appears on our records AFTARY OF STATE
(A Florida Limited Liability Company) TALLAHASSE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{06/26/2015}{1}$ and assigned Florida document number _____115000111569 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Geoland Surveying 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: (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 City 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>	Address	Type of Action
MGR	Shirley Luciano	5636 SW 37th St West Park, FL 33023	≣ Add
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Effective date, if other than the date of filing: (If interfective date is forted, the date must be specific and cannot be profest to date of filing or more than 90 days after filing.) Pursuant to 605 Note; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 ard is filled. Dated Signature of a member or authorized representative of a member	amending any other informatio	on a H have	ne under	Title	Other:
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	Sec. 4 03/15	2022			
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Signature of a member of authorized representative of a member				a monther	
	S	ignature of a member of a	amorizeu representative ot	a memori	
Xavier Kellyman Typed or printed name of signee	Xavier Kellyman				

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