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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

то:	Registration Sec Division of Corp			
CIID II	Florabama (Geospatial Solutions, LLC		
SOBJE		Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Horace Wayne Walker, Jr.		
			Name of Person	
		Florabama Geospatial Solu	itions, LLC	
			Firm/Company	
		1184C Circle Drive		
			Address	
		DeFuniak Springs, FL 324	35	
			City/State and Zip Code	
		hwwalker@florabama-gs.co		
		E-mail address: (t	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Horace	e Wayne Walker, J	r.	850 685-0292	
	Name of	Person	at ()	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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**

Florabama Geospatial Soultions, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000101384</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1184C Circle Drive	
(Principal office address MUST BE A STREET ADDRESS)	DeFuniak Springs, FL 32435	- - 50
		8 APR
		ETAI HAS PR 2
Enter new mailing address, if applicable:		7 RY
(Mailing address MAY BE A POST OFFICE BOX)		12
		3. LOSTA
B. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
N. B. C. L. A. C. L. B. C. L.	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>	Address	Type of Action
AMBR	David Aldin Ham	325 St. Andrews Drive	■ Add
	Niceville, FL 32578	□ Remove	
		Change	
		Add	
		□ Remove	
	<u> </u>	☐ Change	
		Add	
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	st be specific and cannot be prior to date of filing or more than 90 days after filing lock does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 605.0207 (3)(b)
the record specifies a delaye The 90th day after the re	d effective date, but not an effective time, at 12:01 a.m. cord is filed.	on the earlier of:
Dated April 24	, 2018	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00