L18000130988

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O: Registration Se Division of Cor			;
	d Services, LLC	•	
UBJECT:	Name of Li	mited Liability Company	
he enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.	
lease return all correspo	ondence concerning this matte	er to the following:	
	Anahit Manukyan		
		Name of Person	
	A & C Land Services, LL		
		Firm/Company	
	13013 Viburnum Dr S	Address	
	Jacksonville, FL 32246	Address	
	Jackson vine, 713 32240	City/State and Zip Code	
	annaheiba257@gmail.com		
or further information o	E-mail address: oncerning this matter, please	(to be used for future annual report notification)	
nahit Manukyan	oncerning this matter, please	904 9922222	
Name o	f Person	at ()	Number
nclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, S Tallahassec, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & C Land Services LLC

(Name of the I	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	_		
Γhe Articles of Organization for this Limite	d Liability Company were filed on 06/01/2018		and assi	gned
Florida document number L18000130988				
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited liability company here:			
Associated Surveying, LLC				
he new name must be distinguishable and contain	the words "Limited Liability Company," the designation "LI.C" or the	: abbrevi	ation "L.I	C."
Enter new principal offices address, if ap	plicable:			
Principal office address MUST BE A STI	REET ADDRESS)			
		- -	-	_
Enter new mailing address, if applicable:				
Muiling address MAY BE A POST OFFI				
vaning unavess ivita ive it i to be of a fi			_	
3. If amending the registered agent and/gent and/or the new registered office ad Name of New Registered Agent:	or registered office address on our records, <u>enter the n</u> dress here:	SEUKLI	the new	registere
New Registered Office Address:		388	8	7.7
New Registered Office Address.	Enter Florida street address	7. 7. 22.	1H 8:	Ţ
	, Florida		ip C od e	
ew Registered Agent's Signature, if changi	·	7.	•	
provisions of all statutes relative to the paccept the obligations of my position as	tered agent and agree to act in this capacity. I further roper and complete performance of my duties, and I aregistered agent as provided for in Chapter 605, F.S. Cathe registered office address. I hereby confirm that the this change.	m famil Dr, if th	liar with is docui	n and ment is
	If Changing Registered Agent, Signature of New	Register	ed Agent	

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
4GR	Karl F Kuhn	13013 Viburnum Dr. S	■Add
		Jacksonville, FL 32246	□Remove
			☐ Change
			□Add
			□Remove
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ffective date, if other than the date of filing:	95.0207 (3) sted as 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 is filed.	er the
oted October 12 2022	
Signature of a member or authorized representative of a member	
Anghit Manukyan Typed or printed name of signee'	