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Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Division of C	Section 2 Corporations 2 Corporations	griff to	•		
	GEOLOGIC DATA COLLECTI	ON LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	MARIE B. CODE, ESQ.				
	 	Name of Person	_		
	MARIE B. CODE, ESQ	P.L.			
	Firm/Company				
	1308 SW 27TH TERRACE				
		Address			
	CAPE CORAL, FLORIDA	A 33914			
	MARIEROMARIERONIA	City/State and Zip Code	_		
	MARIE@MARIEESQUIR E-mail oddress: (to be used for future annual report notification)			
For further informatio	n concerning this matter, please o	all:			
MARIE B. CODE, ES	SQ.	239 829.0063 at ()			
Name of Person		Area Code Daytime Telephone Number	er		
Enclosed is a check for	or the following amount:				
≅ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	ate of Status &		
P.O. Box 6	n Section f Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYDROGEOLOGIC DATA COLLECTION LLC (Name of the Limited Liability Company as It now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ULY 27, 2018 ____ and assigned 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 "LLC." 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) g 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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	MATTHEW J. TROTTIER	2038 SE 28TH STREET	≣ Add
		CAPE CORAL, FLORIDA 33904	□Remove
			Change
			□ Add
			□ Remove
		4	Change
			□ Add
		Part Call	□Remove
			□Change
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			□Remove
			□Change
			□ Add
			□ Remove
		<u> </u>	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (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 ___ Signature of a member or authorized representative of a member DAVID B. HIRE, MANAGER Typed or printed name of signee

Filing Fee: \$25.00