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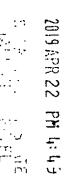
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COVER LETTER

Divi	sion of Corpo	orations		
SUBJECT:	ADA PRECI	SION PROFESSIONAL LAN	ND SURVEYORS, LLC	
,		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		Valerie Barnhart, Esq.		
			Name of Person	
		Perera Barnhart, P.A.		
			Firm/Company	
		12555 Orange Drive Second	d Floor	
			Address	
		Davie, Florida 33330		
			City/State and Zip Code	
		valerie@pererabarnhart.com		
			be used for future annual report noti	fication)
For further in	formation con	cerning this matter, please cal	11:	
Valerie Barnl	uart, Esq.		786 485-5232 at ()	
	Name of P	Person	Area Code Daytim	E Telephone Number
Enclosed is a	check for the	following amount:		
≅ \$25.00 Fi	ling 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:

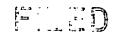
Registration Section

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

ADA PRECISION PROFESSIONAL LAND SURVEYORS LLC



2019 APR 22 PM 4: 49

(Name of the Lin	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) (Company)	11.1.5.
The Articles of Organization for this Limited Florida document number L19000061661	Liability Company were t	filed on	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office a office address here:	ddress on our records, <u>er</u>	iter the name of the
Name of New Registered Agent:	Valerie Barnhart, Esq.		
New Registered Office Address:	12555 Orange Drive S	ccond Floor	
		Enter Florida street uddress	
	Davie	, Florid	33330
	Cia		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
MGR	ALEXI FONSECA	219 NW 2ND AVENUE	E1 4.11
	-	HALLANDALE BEACH, FL 33009	
			☐ Change
			Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Remove

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ffective date, if other than th	e date of filing:		(optional) 90 days after filing.) Pursuant to 605.020
ote. If the trace miseried in this (PIOCK does not meet the applica	to date of filing or more than able statutory filing requir	90 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
ocument's effective date on the	Department of State's records.		
e record specifies a delaye The 90th day after the re	ed effective date, but not cord is filed.	t an effective time, a	t 12:01 a.m. on the earlier o
March 21	2019		
		_	
	157		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00