L20000284496

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COVER LETTER

TO: Registration Section **Division of Corporations** GULF ATLANTIC SURVEYING, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: THOMAS GRITTON Name of Person Firm/Company 369 NE BAKER ROAD Address STUART, FL, 34994 City/State and Zip Code WESLEY.GRITTON@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS W GRITTON 626-9501 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section

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

FII ED

(");

GULF ATLANTIC SURVEYING, LLC

2022 JUN 27 PH 1:45

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears or Liability Company)	n our resords:) TARY FALL AHASSE	OF CITE C. F.C.
The Articles of Organization for this Limited Liability Company	were filed on 09/16/	/2020	and assigned
Florida document number L20000284496			
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	ity Company," the desig	gnation "LLC" or the ab	breviation "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 agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our reco	, <u> </u>	
New Registered Office Address:			
	Enter Florida	street address	
		Florida	Zip Code
	Ciņ		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	v duties, and I am j upter 605, F.S. Or.	familiar with and if this document is

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	THOMAS W GRITTON	661 WREN DRIVE	□Add
-		CASSELBERRY, FL, 32707	≣Remove
			Change
			□Add
-			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
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fective date, if other than the oneffective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior to one can be does not meet the applicable.	date of filing or more than 90 e statutory filing requirem	(optional) days after filing.) Pursuant to 60 tents, this date will not be lis	05.0207 sted as
ecord specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day aft	ter the
ted	2022			