L21000151977

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COVER LETTER

TO:		istration Se ision of Cor					
CITO IE	3D Survey, LLC						
SUBJE	CI:	<u> </u>	Name of Lin	nited Liability Company			
The encl	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn	all correspo	ondence concerning this matter	to the following:			
			Kaylan Walden				
				Name of Person			
			3D Survey, LLC		. 7	292	
				Firm/Company		2021 APR	77
			1300 E Olive Road		-	R 28	क्षात्र का च्या क
			-	Address		72	7
			Pensacola, FL 32514			င့်၁	لمد
			koulan@flambuilt.com	City/State and Zip Code		69	
			kaylan@flynnbuilt.com E-mail address: (to be used for future annual report notification)			
For furth	er in	formation co	oncerning this matter, please c	all:			
Kaylan V	Wald	en		850 776-0213			
,		Name of	f Person	Area Code Daytime Telephone	Number	•	
Enclosed	l is a	check for th	e following amount:				
≅ \$25. 0	0 0 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Federtificate of Street ertified Copy additional copy is a	atus &	ı
]]]	Reg Divi P.O.	ing Address istration S sion of Co Box 632 ahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3D Survey, ELC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) by Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L21000151977</u>	filed on 04/01/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
3D Survey & Imaging, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22 AP (17)
(Principal office address MUST BE A STREET ADDRESS)	
	المنا بين المالية
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ss on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	Entan Florida atmost adda
	Enter Florida street address
·	, Florida
\mathcal{C}	ity 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 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
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ective date, if other than the	date of filing:	(4	optional)	
effective date is listed, the date mus	at be specific and cannot be prior to dat ock does not meet the applicable:	e of filing or more than 90 days	after filing.)	Pursuant to 605.0
cument's effective date on the De	epartment of State's records.	, 6 . 1	,	
cord specifies a delayed effectiv	e date, but not an effective time, a	t 12:01 a.m. on the earlier o	e (b) Tha	Q0th day after t
The speciment a delay of the control of	o date, but not an effective time, a	a 12.01 a.m. on the carner o	1. (b) Tik	. Jour day and t
s filed.				
April 12	2021			
April 12	. 2021			
ed	Signature of a member of authorized			