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SURJEC	CORRECT	CALIBRATIONS SERVICE	S, L.L.C.	
30232	···	Name of Lin	nited Liability Company	
The enck	Division of Corporations CORRECT CALIBRATIONS SERVICES, L.L.C. Name of Limited Liability Company cenclosed Articles of Amendment and fee(s) are submitted for filing. assertum all correspondence concerning this matter to the following: Kerry Anne Schultz Name of Person Schultz Law Group P.L.L.C. Firm/Company 2779 Guif Breeze Parkway Address Guif Breeze, Florida 32563 City/State and Zip Code kaschultz@schultzlawgrp.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: rry Anne Schultz Name of Person Name of Person Area Code Daytime Telephone Number 10sed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			
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			Firm/Company	
		2779 Gulf Breeze Parkwa	у	
			Address	
		Gulf Breeze, Florida 3256	3	
			City/State and Zip Code	
		kaschultz@schultzlawgrp.c	om	
		E-mail address:	to be used for future annual report not	ification)
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Kerry An	ne Schultz			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 SEP 15 AM 8: 30

CORRECT CALIBRATIONS SERVICES, L.L.C.

(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 Compar	ny were filed on 08/25/2022 and assi	oned
Florida document number L22000371183		6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CORRECT CALIBRATION SERVICES, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "L.I.C" or the abbreviation "L.I.	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	address on our records, enter the name of the new	regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	
lew Registered Agent's Signature, if changing Registered Agent:	in cont	

Δ

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
			□Add
			□Remove
			Change
			□Remove
			□ Change
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