

L23000258054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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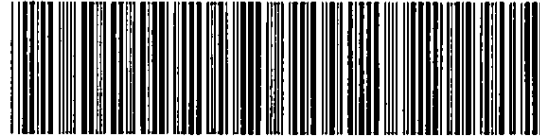
(Business Entity Name)

(Document Number)

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AUG - 4 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFORDABLE SURVEYS
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:

CHARLES A. COROISCO
Name of Person

AFFORDABLE SURVEYS
Firm/Company

3366 STRINGFELLOW RD, ST JAMES CITY, FL
Address
33956

COROISCO7@MSN.COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES A. COROISCO at (239) 691-0537
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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:

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

Street Address:

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**

AFFORDABLE SURVEYS ~~LLC~~ SWFL 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 3/25/2021 and assigned
Florida document number ~~L23000258054~~ L23000258054

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~AFFORDABLE SURVEYS SWFL LLC~~ C.A.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3366 STRINGFELLOW RD.

ST. JAMES CITY, FL 33956

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

BILL HYATT

New Registered Office Address:

3366 STRINGFELLOW RD.

Enter Florida street address

ST. JAMES CITY

City

Florida

33956

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.

Bill Hyatt

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>	<u>Address</u>	<u>Type of Action</u>
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<u>OWNER</u>	<u>CHARLES A. CONNICO</u>		<input type="checkbox"/> Add
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☐ Remove

☐ Change

<u>MANAGER</u>	<u>HALEY POWARD</u>	<u>873 LANSDALE RD.</u>	<input checked="" type="checkbox"/> Add
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N. FT MYERS, FL 33903 ☐ Remove

☐ Change

<u>MANAGER</u>	<u>BILL HYATT</u>	<u>3366 STRINGFELLOW RD.</u>	<input checked="" type="checkbox"/> Add
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ST JAMES CITY, FL ☐ Remove
33956

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[illegible]

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 01/4/2023

Signature of a member or authorized representative of a member

CHARLES A. CORDISCO

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2023

CHARLES A CORDISCO
3366 STRINGFELLOW ROAD
ST. JAMES CITY, FL 33922

SUBJECT: AFFORDABLE SURVEYS LLC
Ref. Number: L21000139713

We have received your document for AFFORDABLE SURVEYS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L23000258054.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 723A00017652