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Special Instructions to	Filing Officer:	
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COVER LETTER

	on Section f Corporations
SUBJECT:	BL Land Surveying LLC Name of Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	Jennifer Bloomster Name of Person
	JBL Land Surveying LLC Firm/Company
	920 NW 10th Ter
	Stuart, FL 3499:4 City/State and Zip Code
	DJB toomster 2020 @ Email. Com E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Jennife	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 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

JBL Land Surveying 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 Cor	mpany were filed on $\frac{7/3/20}{2}$	23 and assigned
Florida document number <u>L2366</u> 3156	50	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>	
		923 ()
		100
Enter new mailing address, if applicable:		4 Sign
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		7.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	3
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, an int as provided for in Chapter 605, .	nd I am familiar with and F.S. Or, 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	David Bloomster	920 NW 10th Ter	□Add
		Stuart, FL 34994	Remove
ΛΏ			Change
AP	Mark Laine	1225 NFSt.	Add
		Lake Worth, FL 3346	<u>O</u> □Remove
			□ Change
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effective of the	ate, if other than the date is listed, the date me date inserted in this le effective date on the	ust be specific a plock does not	nd cannot be meet the a	pplicable sta	of filing or more tutory filing r	than 90 days a	ptional) fter filing.) Pursu this date will n	ant to 605.020 ot be listed a
cord spec s filed.	cifies a delayed effect	ve date, but n	ot an effect	ive time, at	2:01 a.m. on	the earlier of	: (b) The 90th	day after th
ed	august	11	,20	<u>23</u>				
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