L23000418555

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| Special instructions to Filing Onicer. | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|---|---|---|---|--|
| GEOPEO I | | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Vincent Resnick | | | |
| | Name of Person | | | |
| | GEOPRO IND LLC | | | |
| | Firm/Company | | | |
| | 902 Clint Moore Rd Suite 226 | | | |
| | Address | | | |
| | Boca Raton, FL 33487 | | | |
| | | City/State and Zip Code | - , | |
| | vtaajholdings@gmail.com | | ; ; | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report notification) | Ci Ci | |
| Vincent Resnick | | 954 226 - 7355 | | |
| Name o | f Person | at () Area Code Daytime Telepho | ne Number | |
| Enclosed is a check for the | he 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) | |
| <u>Mailing Addres</u> Registration S | | Street Address: Registration Section | | |
| Division of C | | Division of Corporation | ns | |
| P.O. Box 632 | 2.7 | The Centre of Tallahass | see | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GEOPEO IND LLC | | |
|--|--|--|
| (<u>Name of the Limi</u> | ted Liability Company as it now appo (A Florida Limited Liability Company | <u>ears on our records.</u>)) |
| The Articles of Organization for this Limited L | iability Company were filed on _ | 09/07/2023 and assigned |
| Florida document number L23000418555 | · | |
| his amendment is submitted to amend the foll | owing: | |
| A. If amending name, enter the new name o | of the limited liability company | <u>here</u> : |
| GEOPRO IND LLC | | |
| he 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 applic | cable: | |
| Principal office address MUST BE A STREE | | |
| Trincipal office dadress WOS1 BE WOTED | <u> </u> | - |
| | | |
| 7-4 | | |
| Enter new mailing address, if applicable: | | <u></u> |
| Mailing address MAY BE A POST OFFICE | <u></u> | _ |
| | | |
|) If | | |
| If amending the registered agent and/or in agent and/or the new registered office address. | | records, enter the name of the new regis |
| | ······································ | |
| Name of New Registered Agent: | GEOPRO SERVICES LLC | |
| New Registered Office Address: | 902 Clint Moore Rd Suite 226 | |
| | Enter F | lorida street address |
| | Boca Raton | , Florida |
| | City | 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 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 | GEOPEO LLC | 902 Clint Moore Rd Suite 226 | □ Add |
| | | Boca Raton, FL 33487 | ≣Remove |
| | | | □Change |
| MGR GEOPRO SERVICES LLC | GEOPRO SERVICES LLC | 902 Clint Moore Rd Suite 226 | = Add |
| | | Boca Raton, FL 33487 | |
| | | | □Change |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of fi | iling or more than 90 days after filing.) Pursuant to 605.020 |
| te: If the date inserted in this block does not meet the applicable statut ument's effective date on the Department of State's records. | tory tuing requirements, this date will not be listed a |
| | |
| cord specifies a delayed effective date, but not an effective time, at 12:1 s filed. | 01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| . (7.8.6.4 | |
| ed April 29th 2024 | |
| cd April 29th 2024 | |
| April 29th 2024 Signature of a member or authorized repre | escatative of a member |