L23060496145

	Requestor's Name)	
(Address)	
((Address)	
	(City/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
	(Business Entity Name)	<u> </u>
	(Document Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
<u></u>		

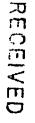
Office Use Only



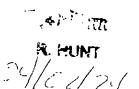
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS ACC AUTHORIZATION SIGNATURE: CEW Surveying LLC L23000496145	COUNT: 120210000160: \$30	.00
BUSINESS (Name)	O Document #	
Walk in	Pick up time	-
Mail out	Will wait	
Photocopy		
Certified Copy of Articles of	_	, , ,
_X Certificate of Status		
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>	で の 5 下 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 1 に 5 に ら ら ら に ら に ら に ら に ら に ら に に に ら に ら に に に ら に ら に に に に に に に に に に に に に
Profit	XAmendment	
Not for Profit	Resignation of R.A	A. Officer/Director
Limited Liability	Change of Registe	-
Domestication	Dissolution/Withd	rawal
Other	Merger	
LLLP	Conversion	
OTHER FILINGS	REGISTERATION/QUALIF	<u>ICATIONS</u>
Annual Report	Foreign Filing	
Fictitious Name	Limited Partnership Reinstatement	
	Trademark	
APOSTIL ()	Other	
Country		
	EXAMINER'S	INITIALS:

COVER LETTER

TO: Registration Section

Division of Co	rporations		
SUBJECT:	CEW Surveyin	g LLC	
	Name of Ling	ided Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	W Ali	em Dalhoff	
		Name of Person	
	CEW	Surveying LLC Firm/Company	.~3
		Firm/Company	
	210	Oscarla Nd	
		OSCOOL Nd. Address	
	Belleair.	FL 33756	AH 8: 52
		City/State and Zip Code	
	E-mail address:	City/State and Zip Code Af Dwoolfeng. com to be used for future annual report not	ification)
For further information of	oncerning this matter, please c		
William	Dalhoff	ar (727) 389-	1550
Name o	of Person	at (727) 389- Area Code Daytin	ne Telephone 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)
Mailing Addres		<u>Street Address:</u> Registration Se	ection
Registration : Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number	y of it now appears or inhility Company) were filed on/6	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> j	<u>lity company here</u> :	:
W/A The new name must be distinguishable and contain the words "Limited Liabil.		
he new name must be distinguishable and contain the words "Limited Liabil	ty Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	207
Principal office address MUST BE A STREET ADDRESS)		ਸ਼ਾ
nter new mailing address, if applicable:	_N/A	<u>=</u>
Mailing address MAY BE A POST OFFICE BOX)		္မ
. 70 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ddenga on our soon	ords, enter the name of the new register
Name of New Registered Agent: New Registered Office Address:		n street address
	Enter Florida	, Florida
gent and/or the new registered office address here: Name of New Registered Agent:		

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>	Name	Address	Type of Action
MGR	William C. Platt	22144 Mamaroneck Ave	. BAdd
		Port Charlotte, FL 33952	□ Remove
			□Change
			□ Add
			□Remove
			□Change
			DAdd
			□ Remove □ □ Remove □ □ Change
			55 55 20 20 20 20 20 20 20 20 20 20 20 20 20
			□ Remove
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	<u>. </u>			- <u> </u>	<u>က</u> ထ
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tive date, if other than the	date of filing:			(optional)	
tive date, if other than the ffective date is listed, the date must If the date inserted in this bl	st be specific and cann	ot be prior to date o	of filing or more than 90 tutory filing require	days after filing.)	Pursuant to 60 vill not be li
ment's effective date on the D	epartment of State'	s records.	, , ,		
ord specifies a delayed effective	ve date, but not an e	ffective time, at	12:01 a.m. on the ea	rlier of: (b) The	e 90th day af
iled.	·				·
April 200	> .	2024.			
	,				
· —	1,	17	11		

Filing Fee: \$25.00