

L01000 014 138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

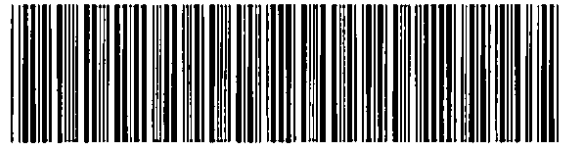
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/19--01012--006 **25.00

2019

11:10:15

Amend

NOV 1⁶ 2019
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA UNDERGROUND SERVICES, L.L.C.

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:

Thomas C. Tyler, Jr.

Name of Person

Thomas C. Tyler, Jr., P.A.

Firm/Company

735 E. Venice Avenue, Suite 200

Address

Venice, FL 34285

City/State and Zip Code

ELISE@TYLEROFFICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Tyler

941

412-3451

at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORIDA UNDERGROUND 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 Company were filed on 08/17/2001 and assigned
Florida document number L01000014138.

This amendment is submitted to amend the following:

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

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)

2423 COMMERCE PARKWAY

NORTH PORT, FL 34289

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2423 COMMERCE PARKWAY

NORTH PORT, FL 34289

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:

CANON STAHL

New Registered Office Address:

2423 COMMERCE PKWY

Enter Florida street address

NORTH PORT

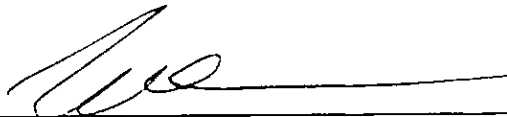
City

Florida 34289

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.

X 

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>
MGR	CANON STAHL	2423 COMMERCE PARKWAY	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34289	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAWN HENDRICKS	2423 COMMERCE PARKWAY	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34289	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALAIN TRIMBLE	2423 COMMERCE PARKWAY	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34289	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	THE CHARLES MACHINE WORKS, INC.	P.O. BOX 66	<input type="checkbox"/> Add
		PERRY, OK 73077	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SEE ATTACHED PAGE FOR ADDITIONAL REMOVAL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SEE ATTACHED PAGE FOR ADDITIONAL REMOVAL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>
P	RICHARD RODIER	1959 West Fir Avenue	<input type="checkbox"/> Add
		Perry, OK 73077	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP/S	TIMOTHY D. DORDELL	1959 West Fir Avenue	<input type="checkbox"/> Add
		Perry, OK 73077	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	ANGIE DRAKE	1959 West Fir Avenue	<input type="checkbox"/> Add
		Perry, OK 73077	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	BRAD DOLAN	1959 West Fir Avenue	<input type="checkbox"/> Add
		Perry, OK 73077	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

X

SHAWN HENDRICKS, MANAGER

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Filing Fee: \$25.00