## 06000117387

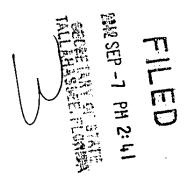
(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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J. BRYAN

SEP 1 0 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A Underground Enterprise LLC 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:
George T Groves  Name of Person
A Underground Enterprise LLC
7017 Riverside Dr &
Purta Gorda to 33982  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 623-21/1  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2012

GEORGE T GROVES A UNDERGROUND ENTERPRISE LLC 7017 RIVERSIDE DR PUNTA GORDA, FL 33982

SUBJECT: A UNDERGROUND ENTERPRISE LLC

Ref. Number: L06000117387



We have received your document for A UNDERGROUND ENTERPRISE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 012A00019859

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) billity Company)
The Articles of Organization for this Limited Liability Company w Florida document numberLOGOCO117387	vere filed on 12-08-00 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and end with the words "Limite" L.L.C."	o LLC
Enter new principal offices address, if applicable:	7017 Riverside D
(Principal office address MUST BE A STREET ADDRESS)	Punta Gorda FL 33982
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5'Ame
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member GROVES I Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00