# L07000039340

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### **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT: UDI Und	lerground LLC		0			
(Name of Limited Liability Company)						
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	dence concerning this matter t	to the following:				
	Charles A. Roth					
		(Name of Person)				
	UDI Underground LLC		<del></del>			
		(Firm/Company)				
	24100 Tiseo Blvd. Unit 3					
		(Address)				
Port Charlotte, Fl. 33980						
		(City/State and Zip Code)				
For further information co	ncerning this matter, please ca	ıll:				
Charles A. Roth (Name of	Person)	at ( 321 ) 591-0640  (Area Code & Daytime T	elephone 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 SFORETAIN SFORETAIN 13 AMII: 56 **OF**

**UDI Underground LLC** 

(Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/02/2007 and assigned
Florida document number L07000039340	
Company of the compan	To provide the second s
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	24100 Tiseo Blvd. Unit 3
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, FI 33980
	**************************************
Enter new mailing address, if applicable:	24100 Tiseo Blvd: Unit 3
(Mailing address MAY BE A POST OFFICE BOX)	Port Charlotte, FI:33980
75 76	
B. Afannending the registered agent analor registered roff 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 agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ete performance of my duties, and I am fairiliar with and rovided for in Chapter 608, F.S. Or, if this document is
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
		(s) here: (Attach additional sheets, if necessary.)			
	Change of members interests as follows;	<u> </u>	_		
	Charles Roth 45%		OS SE		
	Ander Roth 15%				
	Curry Meadows Properties, LLC 30%		ASA S		
	Zach Durant 10%	1	3		
Dated Ja	Charles	Or authorized representative of a member	AM H: 56		
	Charles A Roth	·			
	Typed o	or printed name of signee			

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Filing Fee: \$25.00