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SEGRETARY OF STATE
AND ANASSEE FLORIDA

K.SALY EXAMINER JAN 3 0 2012

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	T: Utility Services, LLC
	Name of Limited Liability Company
The en	osed Articles of Amendment and fee(s) are submitted for filing.
Please	rurn all correspondence concerning this matter to the following:
	James C. Peck
	Name of Person
	Utility Services, LLC
	Firm/Company
	5102 Mount Plymouth Rd
	Address
	Apopka, FL 32712
	City/State and Zip Code
	utilityservicesllc@embarqmail.com / E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	James C. Peckat (_321) 662-6302
	Name of Person Area Code & Daytime Telephone Number
Enclose	is a check for the following amount:
\$2 5	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:

TO:

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

Utility Services, LLC

FILED 12 JAN 27 PM 1: 25 SECRETAIN AND

Zip Code

(Name of the Limited (A	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	- LORIDA
The Articles of Organization for this Limited Lia Florida document number L080000435	• • • • –	January 20, 2012	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	•
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>·</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	55
		, Florida	

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.

City

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 **Title** <u>Name</u> **Address Type of Action MGRM** Terry M. Coffman 2352 Justy Way ☐ Add Orlando, Fl. 32817 ✓ Remove ☐ Add ☐ Remove _ Remove □Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 20 2012 Signature of a member or authorized representative of a member James C. Peck Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00