

LO8000104584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

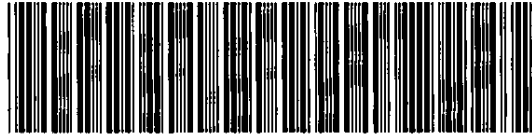
(Business Entity Name)

(Document Number)

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FILED
09 MAY 28 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 29 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Astec Underground Utilities 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:

RETINA POULIN

Name of Person

Astec Underground Utilities LLC

Firm/Company

6233 Lake Lizzie Dr

Address

St.cloud , FL 34771

City/State and Zip Code

godseye3110@aol.com

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

For further information concerning this matter, please call:

Retina Poulin

Name of Person

at (**407**)

8922130

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Astec Underground Utilities LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11-10-2009 and assigned Florida document number L08000104584.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6233 Lake Lizzie Dr

(Principal office address MUST BE A STREET ADDRESS)

St.cloud , FL 34771

Enter new mailing address, if applicable:

6233 Lake Lizzie Dr

(Mailing address MAY BE A POST OFFICE BOX)

St.cloud , FL 34771

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:

Retina Poulin

New Registered Office Address:

6233 Lake Lizzie Dr

Enter Florida street address

St.cloud

, Florida

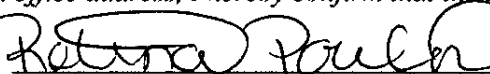
34771

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

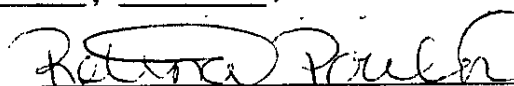
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RHONDA WRIGHT	3071 TINDALL ACRES ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RICHARD G WRIGHT	3071 TINDAL ACRES ROAD KISSIMMEE, FL 34771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 21, 2009



Signature of a member or authorized representative of a member

Retina Poulin

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED