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TALLAHASSEL FL

2019 AUG 30 AM 8: 02

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: <u>ORC </u>	Jtility of Marne of Limi	Structure Land ted Liability Company	services, LLC		
	mendment and fee(s) are subr				
Please return all correspond	dence concerning this matter t	to the following:			
	Emily Price Name of Person				
	0	PC Utility Firm/Company			
	700	05 Snannon Will	ow Rd. Suite 100		
	Char	OHE, NC 2822 City/State and Zip Code CE @OY COLAN. CO to be used for future annual report notifi	26		
	E-mail address: (Ce @ OY COLAY). CO	ication)		
For further information co	ncerning this matter, please co	all:			
Emily Name of	Person	at (704) 944 - Area Code Daytime	Telephone Number		
Enclosed is a check for the \$25.00 Filing Fee	e following amount:	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,		
/	Certificate of Status	Certified Copy (additional copy is enclosed)	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

ORC Utility of Infrastructure Land Services, UC

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

(A Bloody Limited Liability Company)

	City		Zip	Cone		
		,	***	Cada		
		, Florida				
New Registered Office Address:	Enter Florida stre	eet address				
N. m. Docistored Office Address:						
Name of New Registered Agent:						
registered agent and/or the new registered office address here	;					
B. If amending the registered agent and/or registered off	fice address on our	records, ente			the n	
			<u> </u>	20		
(Mailing address MAY BE A POST OFFICE BOX)			ַנִּץ,	<u>-≅₹</u>	usar	
			1/21	>		
Enter new mailing address, if applicable:				S 3 C	धार्यक्रक दुरायक्रक	
				AUG	Th	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			2019		
Enter new principal offices address, if applicable:		<u>.</u> ,	<u> </u>			
	y Company, the designati	ion liec or the	ioore viane	, D.E.		
The new name must be distinguishable and contain the words "Limited Liabilit	O Naturalization	Supplied Comments	a b b carrierie			
A. If amending name, enter the new name of the limited liabil	ity company here:					
This amendment is submitted to amend the following:						
Florida document number <u>L 1000072230</u>						

If Changing Registered Agent, Signature of New Registered Agent

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.

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 Type of Action Address **Title** Name. Steven B. Chastain 7005 shannon Willow Rd. KAdd MGR SUITE 100 _____ Remove CNaylotte, NC 28226 _ Change 7005 Shannon Willow Fd. DAdd project <u>Nick Lofrumento</u> Accountant SUITE 100 Remove charlotte, NC 28226 □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove

☐ Change

). If amending	g any other info	rmation, ente					
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		Mr.			. .		
(If an effective Note: If the	ate, if other tha date is listed, the da date inserted in t effective date on	ite must be specific his block does r	c and cannot be price not meet the appli	cable statutory I	or more than 90 day	(optional) as after filing.) Pursuan ts, this date will not	i to 605.0207 (3)(be listed as the
If the record (b) The 90t	specifies a de h day after the	layed effective record is fil	ve date, but n ed.	ot an effectiv	ve time, at 12	:01 a.m. on the	earlier of:
Dated	ugust		2019 Com S	9 Lel to horized represent	ative of a member		_
-			Typed or pri	Shelt nted name of sign	ee		

Page 3 of 3

Filing Fee: \$25.00