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COVER LETTER

TO: Registration S Division of Co	Section orporations			
SUBJECT: PINECREST UTILITIES, LLC				
Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:	·	
	1410	NIATI A CAMALLEIDOT		
MICHAEL A. SMALLRIDGE Name of Person				
PINECREST UTILITIES, LLC		•		
Firm/Company				
P.O. BOX 1798				
	•	Address		
EATON PARK, FL. 33840				
City/State and Zip Code				
UTILITYMESSAGE@YAHOO.COM E-mail address: (to be used for future annual report notification)			on)	
For further information	concerning this matter, please of	•	···/	
MICHAEL SMALLRIDGE Name of Person		at (352) 30. Area Code & Daytime Te	2-7406	
rune			·	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

DINECREST LITHLITIES I.I.C.

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number,	
This amendment is submitted to amend the following:	. •
A. If amending name, enter the new name of the limited liah	oility company here:
PINECREST UT	FILITIES, LLC
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u>N/A</u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	31

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 Type of Action Title Name <u>Address</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I JUST NEEDED TO ADD A SPACE BETWEEN "," AND" LLC" Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

MICHAEL SMALLRIDGE
Typed or printed name of signee