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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

cup weer.		round Utilities			
SUBJECT: _		Name of Limit	ed Liability Company	<del> </del>	
The enclosed A	Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return a	ll correspor	ndence concerning this matter to	o the following:		
		Naudia Hurlber Hurll			
			Name of Person		
		GO Underground Utilities			
			Firm/Company		
		111 US 27 N			
			Address		22
		Lake Placid, FL 33852			22 SEP -1 PH 3: 38
			City/State and Zip Code		<del>1</del> ;
		naudia.gounderground@gma	iil.com		ည္
		E-mail address: (to	be used for future annual report noti	tication)	မှု
For further info	ormation co	oncerning this matter, please ca	11:		38
Naudia Hurlbu	itt		863 699-6699 at ( )		
	Name of	Person		e Telephone Number	_
Enclosed is a c	heck for th	e following amount:			
□ \$25.00 Fil	ing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing I Certificate of Certified Copy (additional copy i	Status &
Regi Divis	ng Address stration S sion of Co Box 632	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations	
	ihassee, F			e Street. Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>pears on our records.)</u> (y)
The Articles of Organization for this Limited   Florida document number   L20000224752	Liability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>r here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." th	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
(Principal office address MUST BE A STRE	ET ADDRESS)	2 SEP
		Par Constitution
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:		r records, <u>enter the name of the new regist</u>
	111 US 37 N	
New Registered Office Address:	111 US 27 N	Florida street address
	Lake Placid	Florida 33852
	F 3KC 143C10	

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 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Shirley G McMinns	502 N Irvington Rd	
		Avon Park, FL 33825	■Remove
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<del></del>			🗖 Add
			□Remove
			□Change
			CRid Service SEP Remotive.
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ective date, if other than the	date of filing:	(optional) f filing or more than 90 days after filing.) Purs	(05.00
te: If the date inserted in this bloument's effective date on the De	ck does not meet the applicable stat	utory filing requirements, this date will r	tot be listed:
ament 3 effective date on the 120	partition of state of records.		
cord specifies a delayed effective s filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th	ı day after th
ed August 29	2022		
/ /	Tille		

Typed or printed name of signee