L12000040278

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
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SECRETARY OF STATEM

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Sean Lukas 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:

Edward S Lukas

Name of Person

Sean Lukas, LLC

Firm/Company

1126 NE Pine Hill Terrace

Address

Jensen Beach, Florida 34957

City/State and Zip Code

seanlukas@att.net

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

For further information concerning this matter, please call:

Sean Lukas

₃₁,772,260-3497

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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:

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

Sean Lukas, LLC		
(Name of the Limited Liability	y Company as it now appears on our records. Limited Liability Company)	
(A Horida i	Entitled Elabinity Company)	
The Articles of Organization for this Limited Liability C	Company were filed on March 20, 2012	and assigned
Florida document number L12000040278		
Tiorida document number	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation	
Utility Services International LLC		*LLC" or the abbreviation 2018 DEC 19 PH 1: 22
	rds "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N N
(Principal office address MUST BE A STREET ADDR	RESS)	
		SS I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Induting address MAT BE A TOST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	, Florid	a
	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>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
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			Remove
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			Add 2018 REC 19 REC 19 REC 19
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			OFF Add C
			Remove
			Add
			Remove

December 14	2013	
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Filing Fee: \$25.00

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