K14000115743

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Registration Section

| Division of Cor | porations | | | |
|---|---|---|--|--|
| Site and Uti | lity, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| - · · · · · · · · · · · · · · · · · · · | <u>.</u> | Č | | |
| | John H. Adams | | | |
| | | Name of Person | | |
| | Beggs & Lane, RLLP | | | |
| | | Firm/Company | | |
| | 501 Commendencia Street | | | |
| | <u></u> - | Address | | |
| | Pensacola, Florida 32502 | | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | <u>-</u> | |
| | allan@southtrustpg.com E-mail address: (| to be used for future annual report no | etification) | |
| For further information e | oncerning this matter, please c | | , | |
| John H. Adams | , | 850 432-2451 | | |
| | f Person | at () Area Code Dayti | me Telephone Number | |
| Name o | r Person | Area Code Dayii | me Telephone Number | |
| Enclosed is a check for the | ne 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 Addres Registration S | | Street Address: Registration S | ection | |
| Division of C | | - | Division of Corporations | |
| P.O. Box 632 | | The Centre of | | |
| Tallahassee, l | FL 32314 | 2415 N. Monr | oe Street, Suite 810 | |

Tallahassee, FL 32303

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

21 AFR 29 PH 1: 22

Site and Utility, LLC

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

| The Articles of Organization for this Limited L Florida document number L14000115743 | · | | |
|--|--|---|---|
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | <u></u> | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: | registered office a | address on our recor | |
| New Registered Office Address: | 501 Commende | | |
| | Enter Florida street address | | |
| | Pensacola | City | Florida 32502 Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | e.i., | <i>5, 7 7 7 7 7 7 7 7 7 7</i> |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | ed agent and agr per and complete listered agent as p registered office | performance of my oprovided for in Chap | duties, and I am familiar with and oter 605, F.S. Or, if this document is |

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

21 APR 29 PH 1: 22

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|--------------------------|------------------|
| MGR | Robert K. Godfrey, Jr. | 2145 Ander Way | □ Add |
| | | Pensacola, Florida 32502 | ■ Remove |
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| tive date, if other than the date of fil | ling: (optional) |
| effective date is listed, the date must be specific : If the date inserted in this block does no | and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, of meet the applicable statutory filing requirements, this date will not be liste |
| ment's effective date on the Department of | of State's records. |
| | |
| | not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| filed. | |
| April 23 | 2021 |
| d April 23 | -· -/- · |
| | 44 |
| Signature o | of a member or authorized representative of a member |
| | 1.7 |

Filing Fee: \$25.00