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AUG 25 2016

S. YOUNG

COVER LETTER

Division of Co			
SUBJECT:	TILITY	Service	Alliance, L
	Name of Lim	ited Liability Company	
	,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Rober	t Noa	,
		Name of Person	
	UtiLity	Sevuice /	Alliance &
		Firm/Company	, 5
	2554/	LAKE Linds	sey Kd ?
	Brooks	ville £	34601
\mathcal{U}_{i}	Tility Sevui E-mail address: (City/State and Zip Code COM///AKCELL to be used for future annual report noti	Cobnuil. Con
	concerning this matter, please ca		
Robert	Non	at (352) 428	5005
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

Otility Service Alliance 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 Liability Company were filed on 2/5/2016 and assigned Florida document number 4/60000 32600
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The amending name, enter the new name of the ninted national company nere.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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 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

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>	Address	Type of Action
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		P.O. BOX 153 INVERDESS FL 34451	Remove
			Change
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			□ Remove
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Page 3 of 3

Filing Fee: \$25.00