

# L16000119555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

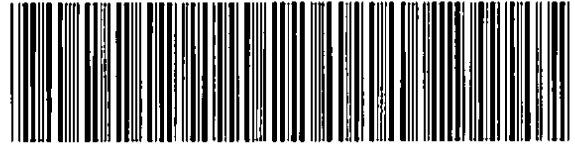
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: UTILITY SYSTEMS CONSTRUCTION, 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:

JAKE WEISS

Name of Person

PWC JOINT VENTURE LLC

Firm/Company

41001 GRAND RIVER AVE

Address

NOVI, MI 48331

City/State and Zip Code

jweiss@weiss-construction.com

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

For further information concerning this matter, please call:

TIM JOHNSON

Name of Person

at ( 219 ) 313-3230

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)

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**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

UTILITY SYSTEMS CONSTRUCTION, 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 06/21/2016 and assigned  
Florida document number L16000119555.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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*

2016 JUN 21 PM 3:00  
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CLERK OF COURT  
CLERK OF COURT

**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 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>	<u>Type of Action</u>
VP	KEVIN MARKHARDT	41001 GRAND RIVER AVE	<input type="checkbox"/> Add
		NOV. MI 48375	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAKE WEISS	41001 GRAND RIVER AVE	<input checked="" type="checkbox"/> Add
		NOVI, MI 48375	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TIM JOHNSON	41001 GRAND RIVER AVE	<input checked="" type="checkbox"/> Add
		NOVI, MI 48375	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TED MICHAELIDIS	41001 GRAND RIVER AVE	<input checked="" type="checkbox"/> Add
		NOVI, MI 48331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	DENISE SHELTON-JACKSON	41001 GRAND RIVER AVE	<input type="checkbox"/> Add
		NOVI, MI 48375	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated NOVEMBER 28TH, 2023

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JAKE WEISS

Typed or printed name of signee

**Filing Fee: \$25.00**