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Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000026737 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: CUSTOMERO ABKCORP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CES LLC

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COVER LETTER

TO: Régistration Sec Division of Corp		•	
	DERGROUND SERVICES LL	.c	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	STEPHANIE CASTRO		
		Name of Person	
	ACCOUNT BOOKKEEPT	NG CORP	
		Firm/Company	
	5301 CONROY RD STE I	40	
		Address	
	ORLANDO, FL 32811		
	CUSTOMER@ABKCORP.	City/State and Zip Code	
	offication)		
Non-Eurhan information an	ncerning this matter, please ca	to be used for future annual report not	arcaron)
For further information co	neering this maker, prease of		
STEPHANIE CASTRO		at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		•
■ \$25.00 Filing Fee	S30.00 Fiting 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ted Liability Compa (A Florida Limited)					
The Articles of Organization for this Limited I. Florida document number	·	were filed on	05/02/2017	and ass	signed	
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company h	ere:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	lesignation "LLC" or the	abbreviation "L	.L.C."	
			IRST DR # 273			
Enter new principal offices address, if applie (Principal office address MUST BE A STREE	ORLANDO, FL 32819					
Trincipal office address MOST DE A STREET	<u>,1,400/10203/</u>					
Enter new mailing address, if applicable:	5950 LAKEHURST DR # 273					
(Mailing address MAY BE A POST OFFICE	BOX)	ORLANDO, FI	_ 32819	<u></u>		
					<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here:	address on our t	ecords, <u>enter the na</u>	ume of the nev	<u>w regis</u>	stered
Name of New Registered Agent:	Name of New Registered Agent: RONIGREI AC				2022	
New Registered Office Address:	5950 LAKEHU	JRST DR # 273		語行	JAN	7.
New Registered Office Address.		Enter Flo	rida street address	24 - 1 25 - 1	0	
	ORLANDO		, Florida	32819	₽	ED 10 10 10 10
		City		Zip Cotle		
New Registered Agent's Signature, if changing		•			9 0	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registered.	er and complete	performance of	^c my duties, and I ar	m familiar wi	th and	ľ

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

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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
AMBR	RONIGREI AGUIAR	5950 LAKEHURST DR # 273	\∃Add
**************************************		ORLANDO, FL 32819	□ Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
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lf an eifi <u>Note:</u>	ive date, if other the fective date is listed, the of the date inserted in the date of the	cate must be specifi this block does r	ic and carmot be price not meet the appli	r to date of filing or cable statutory fil	more than 90 days alte	r filing.) Pursuant to 69	05.0207 sted as
e recore rd is fil	d specifies a delayed led.	effective date, but	t not an effective	time, at 12:01 a.m	, on the earlier of: (b) The 90th day af	ter the
	DECEMBER 29			- 1			
Dated .				1 18/ 1			
Dated _.		Signature	of a member or aut	norized corresentati	ve of a member		

Filing Fee: \$25.00