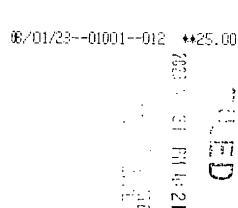
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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO:	Registration Se Division of Cor			
eum in		UNDERGROUND SOLUTIO	N LLC	
SUBJE	CT:	Name of Lim	nited Liability Company	
The enci	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn ali correspo	ndence concerning this matter	to the following:	
		HUGO R. HERRADES S	R.	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		FLORIDA UNDERGROU	JND SOLUTION LLC	:C23
			Firm/Company	:
		338 GEORGETOWN DR	UNIT A	: ي
			Address	
		CASSELBERRY, FLORI	DA 32707	Pit 1: 2
		<u></u>	City/State and Zip Code	
		HH@UNDERGROUNDSO		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please o	all:	
HUGO	R. HERRADES S	SR.	786 461-9771 at ()	
	Name of	f Person		ne Telephone Number
Enclosed	is a check for th	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 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of 7	rporations ,
			Tallahassee, FI	J 32303

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

FLORIDA UNDERGROUND SOLUTION LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	erds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number L19000093567		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
		= -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		一
3. If amending the registered agent and/or registered off	Tre address on our records ent	er the name of the new register
gent and/or the new registered office address here:	uddiess on dar i ceords, <u>em</u>	er the name of the new register
Name of New Registered Agent:		<u> </u>
New Period 1000 A 11		
New Registered Office Address:		
New Registered Utrice Address:	Enter Florida street add	ress
New Registered Office Address:		ress Florida

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>	Address	Type of Action
AMBR	MARINO SANTANA	1917 KAMLER AVE	
		ORLANDO, FLORIDA 32817	■Remove
			Change
			□Add
			□Remove □Change
			Add 2
			Remove
			□ Change
			□ Remove
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ective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date or ick does not meet the applicable stat	f filing or more than 90 days aft	tional) er filing.) Pursuant to 605.020 his date will not be listed as
ecord specifies a delayed effective	e date, but not an effective time, at 1	2:01 a.m. on the earlier of:	(b) The 90th day after the
is tiled,			
	2023		
ted JULY 27TH	2023 Hogo R Herr Signature of a member or authorized rep	uly Su	

Filing Fec: \$25.00