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(Re	equestor's Name)	
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(Do	ocument Number)	·
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Amend

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SOUTTON

## **COVER LETTER**

	Registration So Division of Co			
\$11D 1E7		ground Services LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Julio C. Sanchez		
			Name of Person	
		22202 SW 130th CT	Firm/Company	
		Miami, FL. 33170	Address	
		jcbplife@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For furthe	er information c	oncerning this matter, please ca	all:	
Julio C.	Sanchez		305 632-7142 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Underground Services LLC.		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ou ted Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp.  Florida document number L19000167683		
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 L	iability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	. 3
		19
Enter new mailing address, if applicable:		٠. · ق
Mailing address MAY BE A POST OFFICE BOX)		
		25
3. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	<i>a</i>	, 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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julio C. Sanchez	22202 SW 130th CT Miami, FL, 33170	Add
			□ Remove
	Davis M Davis	22202 CIM 420h CT	■ Change
VP	Basia M. Pruna	22202 SW 130th CT Miami, FL. 33170	□ Add
			■ Remove
			☐ Change
			□ Add
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July, 19th ted	2019	. 1		
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Typed or printed name of signee

Filing Fee: \$25.00