

# L19000200299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

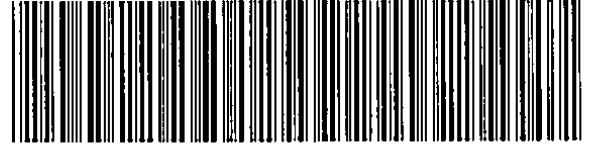
(Business Entity Name)

(Document Number)

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19 AUG 16 PM 3:30

DEPT OF STATE  
DIVISION OF CORPORATION

19 AUG 16 PM 3:43

LLC  
Amend  
8/16/19

DC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Woody Utilities, 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:

Woodolph Belzair  
Name of Person

Firm/Company

3302 Poodside Dr.  
Address

Greenwood, FL 33463  
City/State and Zip Code

woodyutilities@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Woodolph Belzair at (561) 215-3462  
Name of Person 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)

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

Woody Utilities, 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 2/06/2014 and assigned  
Florida document number C19000200299.

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)

19 JUL 15 PM 3:30  
CLERK OF STATE  
DIVISION OF CORPORATIONS

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

City, Florida 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, 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>                   |
|--------------|--------------------|-----------------------|---|
| CEO          | Woodolph Belizaire | 3302 Poolside dr.     | <input checked="" type="checkbox"/> Add |
|              |                    | Greenacres, Fl. 33463 | <input type="checkbox"/> Remove         |
|              |                    |                       | <input type="checkbox"/> Change         |
|              |                    |                       | <input type="checkbox"/> Add            |
|              |                    |                       | <input type="checkbox"/> Remove         |
|              |                    |                       | <input type="checkbox"/> Change         |
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|              |                    |                       | <input type="checkbox"/> Change         |

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Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
 (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) this date will not be listed as the

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 15, 2019.

Signature of a member or authorized representative of a member

Wanda H. Beltraine  
Typed or printed name of signer