## K22000041751

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
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T. MATTHEWS MAR 15 2022

## **COVER LETTER**

Division of Co			
SUBJECT: OU	DL Utilities	•	
		nited Liability Company	
The conduct I had been	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Danna	Hinsley Name of Person	
	DWI UT	Firm/Company	
		leton Ave Unit E	3
	Englewood	FI 34224 City/State and Zip Code KS2005 6 9 mail to be used for future animal report noting	
	<u>dannahi</u> d E-mail address: (1	KS2005 0 9 mail to be used for future animal report noting	COM fication)
For further information c	concerning this matter, please ea	all:	
Danna Name o	Hinsley	at ( <u>239</u> ) <u>3/8-</u> Area Code Daytime	OO4 O e Telephone Number
Enclosed is a check for the	ne following amount:		
X \$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	<u>s:</u>	Street Address:	

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

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

OWL Utilities UC 22HIP-7 PH 3:07
(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
Florida document number $L22000041751$ .
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

## 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.

City

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>		Type of Action	
AMBR	Danna Hinsley	11097 Pendleton Ave Unit B	<b>X</b> Add	
		Englewood, Fl 34224	□Remove	
			□Change	
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eumen	t's effective dat	e on the Departm	nent of State's r	records.	nor, ming requ	arements, tins da	ie win not be fiste	zu as i
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