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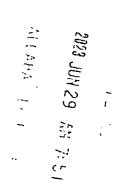
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Card Underground Utility, LLC Name of Limited Liability Company	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Carlus R. Caballeros	
	C and D Virderground Utility, UC	
	5832 Tomoka Dr. Address	
	Orlando, 71. 32839 City/State and Zip Code	
	Counterground Utility agmail com E-mail address: (to be used for future armual report notification)	
For furt	ner information concerning this matter, please call:	
	Carlos R. Caballer os at (813) C19-9120 Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
匠 \$25	.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cand O UN	derground () tilit	2023 July 29 Alti 7:52
(<u>Name of the Limited</u> (A	Liability Company as it now appears or Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>しょる いさいて</u>		3/9/303 and assigned
Florida document number <u>CESCOCITES</u>	<u>1010</u>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regi		rds, enter the name of the new registered
agent and/or the new registered office address b	<u>tere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	Street address
-	City	Florida
	City	mp Conc

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 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
MGR	Uesenia Ocasio	5832 Tomoka Dr. Ollando, 71.328	39 HAdd
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
			Remove
			□Change
		-4	□ Add
			□Remove
			DChange
			□Add
			□Remove
			□Change

		
an effecti <u>ote:</u> f t	date, if other than the date of filing:	
is filed.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ated	June 36 . 2003. Carlos B. Caballaros Signature of a member or authorized representative of a member	
	Carlos R. Caballaros	
	Signature of a member or authorized representative of a member	_
	Corlos Real Caballaros Typed or printed name of signee	