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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor		•	
cun u		Center	line Underground, LLC	
20R1	ECT:	Name of Lim	ited Liability Company	_ <del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Lauro Acevedo	
			Name of Person	
			Centerline Underground, LLC	
			Firm/Company	
PO BOX 2705				
			Address	, :
			LaBelle, FL 33975	ت
			City/State and Zip Code	<del></del>
		offi	ce@centerlinedirectional.com	· ·
		E-mail address: (	to be used for future annual report notification)	& S
For fur	ther information c	oncerning this matter, please co	all:	. –
	Lauro A	cevedo	863 674-0913	
	Name o	f Person	Area Code Daytime Telephone	Number
Enclos	ed is a check for th	ne following amount:		
<b>1</b> 52	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632	7	The Centre of Tallahasse	
	Tallahassee, l	FL 32314	2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Centerline Underground, LLC

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Compa Florida document number	my were filed on	05/09/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>	
	<u></u>		5
Enter new mailing address, if applicable:			-19
(Mailing address MAY BE A POST OFFICE BOX)			
			20
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	Antonio Ac	evedo Montano	
New Registered Office Address:	2690 Ph	illips Rd	
	Enter Floride	i street address	
	LaBelle	, Florida	
•	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		

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\_addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Antonio Acevedo Montano	PO BOX 128	<b>=</b> Add
		Woodburn, OR 97071	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
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te: If the dat	e inserted in this block do	eethe and cannot be process not meet the app	for to date of filing licable statutory	filing requirements	after filing.) Pursuant to 605.0, this date will not be listed
	etive date on the Departn				
cord specifie is filed.	s a delayed effective date.	but not an effective	time, at 12:01 a	n.m. on the earlier o	f: (b) The 90th day after
is filed.					
ted	May 29	2023			
		·	·		
	hun Bu	li m			
			—		
	Signal	ure of a member or au	thorized represent	ative of a member	