L23000356880

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATIONS
7023 AUG 16 PH 12: 40

ALLAHASSEE FLORG

R. HUNT 08/16/23

2023 AUG 16 PH 12: 40	SECRETARY OF CORPORATIONS

2330 CLARE DR	
TALLAHASSEE, FL 32309	
(850) 524–5437 / (850) 524–6243 / (850) 491–9625
Please use funds from this acco	ount: 120210000160: \$25.00
Authorization Signature:	Sixter
Tri County Underground LLC	L23000356880
BUSINESS NAME	DOCUMENT #
Certified Copy	
Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit Corp	_XAmendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Apostille	Foreign filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

EXAMINER'S INITIALS:____

** FLORIDA CAPITAL COURIER SERVICES, INC

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	underground LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Carlos Babot			
		Name of Person		
	Tri County Underground L	LC		
		Firm/Company		ی
	802 constitution dr Apt F		;	193 A
		Address		등 -
	Homestead Fl 33034			ტ უ
	Tricountyug@gmail.com	City/State and Zip Code		2023 AUG 16 PM 12: 40
	· - - -	to be used for future annual report notificat	ion)	0
For further information	concerning this matter, please c	all:		
Carlos m Babot		786 886-9558 at ()		
Name (of Person		lephone Number	
Enclosed is a check for t	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 Addre Registration		Street Address: Registration Section Division of Corpor		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tri County Underground LLC				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited Liability Company vi Florida document number L23000356880	vere filed on <u>07-28-2023</u>	3	_ and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	on "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		. <u>-</u> -	20	01511/10 1038
			دىئ ح <u>دار</u>	<u></u>
			ЭÜ	- 영립·
Enter new mailing address, if applicable:			16	양학
• • • • • • • • • • • • • • • • • • • •			P	- 3 90
(Mailing uddress MAY BE A POST OFFICE BOX)			 	COPPORATIONS
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	idress on our records,	enter the name o	f the new reg	gistere
Name of New Registered regent.				
New Registered Office Address:	Enter Florida stree	t address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Chy		ing the	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my du rovided for in Chapter	ties, and I am fam r 605, F.S. Or, if t	illiar with an his documen	ıd

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>	Address	Type of Action
MGR	Carlos Babot	802 constitution drive Apt f	≣Add
		Homestead fl 33034	□Remove
		 	Change
			Remove
<u>_</u>			☐ Change DIVISION
			Change Ch
			Ö 중 OAdd
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			□ Change

mamending any oth	er information, enter change(s)	nere. (Anach adamonal snee	us, y necessary.)	
			-	
				
				
 				
				
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			2: 4	AHÖNS
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Note: If the date inser	ter than the date of filing: d, the date must be specific and cannot be tred in this block does not meet the a date on the Department of State's record	applicable statutory filing require	(optional) 0 days after filing.) Pursuant to 605 ments, this date will not be list	5.0207 ed as
e record specifies a del rd is filed.	layed effective date, but not an effect	tive time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day afte	r the
Oated	C.Bo			
		r authorized representative of a mem	iber	
	CARLOS			

Filing Fee: \$25.00