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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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	MAR - 8 2024	,
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

-	nd Vision Pro Utility Locate L	.L.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eduardo N Gonzalez Villa	ıfana	
		submitted for filing.  street to the following:  Villafana  Name of Person  Firm/Company  Address  32257  City/State and Zip Code  @gmail.com  ssc: (to be used for future annual report notification)  sc call: at (	
		Firm/Company	
	9954 Timberlake Dr		
		Address	
	Jacksonville Florida 3225	57	
	Undergroundvisionpro@gr		ilication)
For further information c	oncerning this matter, please co		incumon,
Eduardo N Gonzalez Villafana			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ation
Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Underground Vision Pro Utility Locate L.L.C (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 \_\_\_\_\_02/08/2024 and assigned Florida document number \_\_\_\_\_1.24000072657 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 "LLC." 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 \_\_\_\_. Florida \_\_\_ City

## 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Eduardo N Gonzalez Villafana	9954 Timberlake Dr E Jacksonville FL 32257	🗸 🗸 🗸 🗸
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March 8	2004			
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