## L24000126904

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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## **COVER LETTER**

Divi	ision of Cor	porations		
SUBJECT:		Utility Services LLC		
OBJECT:				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ryan Cipparone, Esquire		
		-	Name of Person	
		Cipparone & Cipparone, P	.A.	
			Firm/Company	
	1525 International Parkway, Suite 1011			
			Address	
		Lake Mary, FL 32746		
		rcipparone@cipparonepa.cc	City/State and Zip Code	
			to be used for future annual report no	tification)
or further in	formation co	oncerning this matter, please ca	ail:	
Ryan Cippar	one, Esquire		321 275-5914	
	Name of	Person	at ()	ne Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≡</b> \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

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

Concurrent Utility Services LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on March 13, 2024	and assigned
Florida document number L24000126904		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
manufacture services from the		·-· <del>-</del> -·
<ol> <li>If amending the registered agent and/or registere igent and/or the new registered office address here:</li> </ol>	d office address on our records, <u>enter the</u> i	name of the new regist
gent and/or the new registered office address here.		ı
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Florida	1
	City	Zip Code

## 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>	<u>Address</u>	Type of Action
MGR	Ryan Florio	2774 Carrier Avenue	□Add
		Sanford, FL 32773	■Remove
			□Change
MGR	Aaron LaFond	2774 Carrier Avenue	
		Sanford, FL 32773	<b>□</b> n
			Change
			□Remove
			Change
			Remove
			□Change
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ffective date, if other than the an effective date is listed, the date in source. If the date inserted in this locument's effective date on the	ust be specific and cannot be block does not meet the a	pplicable statutory	or more than 90 days a		
record specifies a delayed effect Lis filed.	ive date, but not an effecti	ive time, at 12:01 :	a.m. on the earlier of	(b) The 90th day aft	er the
ated April 29	2024	·			i
	Glenn Signature of a member or	haffren authorizht represen	lative of a member		
Clana Shaffina					
Glenn Shaffren		printed name of sign			

Filing Fee: \$25.00