P04000148441

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #) [.]
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
P040	001484	41

Office Use Only



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04/29/16--01027--005 **25.00

06/23/16--01016--002 **10.00

SECKE JARY OF STATE
DIVISION OF CORPORATION

JUN 2 2 2016

C LEWIS

COVER LETTER

	Régistration Sec Division of Corp		,					
CHRIEC		DERGROUND UTILITIES IN	NCORPORATED					
SUBJEC	Name of Limited Liability Company							
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please ret	urn all correspon	dence concerning this matter	to the following:					
		STACEY E JELLISON						
			Name of Person					
		LASER UNDERGROUNI	UTILITIES INCORPORATED					
			Firm/Company					
		6845 CHAD JASON ROA	D					
			Address					
		ST. CLOUD, FL 34773						
			City/State and Zip Code					
		neal@laserunderground.com						
			to be used for future annual report notific	cation)				
For furthe	er information co	ncerning this matter, please ca	all:					
STACEY	E JELLISON		321 624-7143 at ()					
	Name of Person Area Code Daytime Telephone Number							
Enclosed	is a check for the	e following amount:						
■ \$25.0	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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



May 5, 2016

STACEY E. JELLISON / LASER UNDERGROUND UTILITIES INC 6845 CHAD JASON ROAD ST CLOUD, FL 34773 US

SUBJECT: LASER UNDERGROUND UTILITIES INCORPORATED

Ref. Number: P04000148441

We have received your document for LASER UNDERGROUND UTILITIES INCORPORATED and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 816A00009417

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LASER UNDERG	ROUND UTILITIES INCO	DRPORATED		
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	STACEY E JELLISON				
-		Name of Contact Persor	1		
	LASER UNDERGROUND I	UTILITIES INCORPORAT	red		
-		Firm/ Company			
	6845 CHAD JASON ROAD				
-		Address			
	ST. CLOUD, FL 34773				
•		City/ State and Zip Code	e		
NEAL	@LASERUNDERGROUNI	D.COM			
		sed for future annual report	notification)		
•	(,		
For further information	concerning this matter, pleas	se call:			
STACEY E JELLISO	N	. , 321	624-7143		
Name o	f Contact Person	at (321) 624-7143 Area Code & Daytime Telephone Number			
Englosed is a shock for	the following amount made				
Eliciosed is a clieck for	the following amount made	payable to the Florida Depa	itinent of State.		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ing Address	Street	Address		
•	ndment Section	Amendment Section			
	sion of Corporations	Division of Corporations			
	Box 6327 hassee, FL 32314		Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 JUN 16 PM 2:51

LASER UNDERGROUND UTILITIES INCORPORATED

Corporation (if known)
Clorida Profit Corporation adopts the following amendment(s)
The new "company," or "incorporated" or the abbreviation to". A professional corporation name must contain the P.A."
ess in Florida, enter the name of the
et address)
et address), Florida City) (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	DIR		CHAD R JELLISON	6845 CHAD JASON ROAD
Add				SAINT CLOUD, FL 34773
X Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_ -		
Remove				

	ditional shee	g additional ets, if necesso	ary). (Be	specific)					
									
				 					
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<u>an ame</u> provisio	endment pro ens for imple	menting the	<u>i excnange.</u> e amendme	<u>, reclassin</u> int if not c	<u>cation, or c</u> ontained ir	cancellation the amen	<u>on or issued</u> idment itse	snares. lf:	
(if n	ot applicable	e, indicate N	7A)		-				
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SCURETARY OF STATE STURETARY OF STATE STURE OF CORPORATION.

2016 JUN 16 PM 2:51

	4/20/16	
The date of each amendment(s) a date this document was signed.		, if other than the
4/2	0/16	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
=	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	20/16	
Signature	Trey Telling	
	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	STACEY E JELLISON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	