L08000019720

(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
TALLAHASSEE, FLORIDA

K. SALY
OCT 27 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2016

DELLA ROSSA PLUMBING & SOLAR "LLC"
JOSEPH DELLA ROSSA
4332 PETERS RD.
FORT LAUDERDALE, FL 33317

RECEIVED
2016 OCT 21 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: DELLA ROSSA PLUMBING & SOLAR "LLC"
Ref. Number: L08000019720

We have received your document for DELLA ROSSA PLUMBING & SOLAR "LLC" and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 016A00021243

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Della Rossa Plumbing & Solar "LLC"
Name of Limited Liability Company — Corporation

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Della Rossa
Name of Person

Della Rossa Plumbing & Solar "LLC"
Firm/Company

5140 SW 20th Street
Address

Plantation, FL 33317
City/State and Zip Code

dellarossaplumbing@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Della Rossa at (954) 895-8278
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

$35.00 ✓ already sent and received, per your letter of 10/3/16

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Della Rossa Plumbing & Solar "LLC"

(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 2/25/08 and assigned Florida document number L08000019720

This amendment is submitted to amend the following:

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TALLAHASSEE, FLORIDA

A. If amending name, enter the new name of the limited liability company here:

Della Rossa Plumbing "L.L.C."

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 *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 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 or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
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______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. **Effective date, if other than the date of filing: _____ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 12, 2016.

Signature of a member or authorized representative of a member

Joseph Della Rossa

Typed or printed name of signee

Filing Fee: $25.00