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AULY L- BAY INSTALLANTING SALES SALE

S Warren

APR 10 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: APT ACTION—Plumbing U.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHERI WHITE Name of Person
ART ACT DN Plumbing UC Firm/Company
5700 39 Street Address
Very beach Pl 32966 City/State and Zip Code
E-mail address: (to be used for future Innual report notification)
For further information concerning this matter, please call:
Cheri WHITE at (772) 340 - 4116 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ampany as it now appears on our records
(A Florida Lin	nited Liability Company)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	(Name of the Limited Liability Company as it not appears on our records.) (A Florida Limited Liability Company) anization for this Limited Liability Company were filed on
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:	155 michigan ave
(Principal office address MUST BE A STREET ADDRES	5) DAY towa Black
	FU 32114 日本 日
Enter new mailing address, if applicable:	
	To the
Muning address may be a rost of fiel box	
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the nev
registered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·
	*
Name of New Registered Agent:	homas fox
New Registered Office Address:	155 michigan Ave
Da	4 ton4 Beach, Florida 32/14
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

FOX

WHITE

Title

Sec.

<u>Name</u>

Thomas

Type of Action **Address** ☐ Remove Change □ Add □ Remove Change □ Add ☐ Remove 32966 Change □ Add ☐ Remove □ Change □ Add □ Remove Remove

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Effect	ive date, if other than t	the date of filing:	415/	2017	(optional)	
f an eff	fective date is listed, the date in this If the date inserted in this	must be specific and canr	not be prior to date of the applicable statu	filing or more than 90 tory filing requiren	days after filing.) Pu	irsuant to 605.020 I not be listed as
docum	nent's effective date on the	Department of State	's records.		ŕ	
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Dated			<u></u>			
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