## L11000044032

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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECHETARY OF STATE
AND ANASSEE FROM

SEP 1 7 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

TASCO PLUMBING & MECHANICAL SERVICE, LLC

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:

JOHN S. BOHATCH, ESQ.

Name of Person

GUTTENMACHER, BOHATCH & PENARANDA, P.A.

Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FL 33133

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN S. BOHATCH

305 666-1040

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)

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

## TASCO PLUMBING & MECHANICAL SERVICE, 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 Florida document number <u>L11000044032</u> .	were filed on 04/12/2011	13d and assigned AHASS	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	lity company here:	ED 6 PM 3: 12 6 PM 3: 12 F OF STATE SEE, FLORIDA	
	<u>,</u> .	12 DA	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	410 E. 10TH COURT		
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33010		
Enter new mailing address, if applicable:	410 E. 10TH COURT		
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL 33010		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		ter the name of the new	
New Registered Office Address:	Enter Florida street address		
	, Flốrida		
<del></del>	City , Florida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	CARLOS E. PAJON	6845 GLENEAGLE DRIVE Add
		MIAMI LAKES, FL 33014 Remove
MGR	CARLOS E. PAJON	7333 MIAMI LAKES DRIVE, #217
		MIAMI LAKES, FL 33014 Remove
		Add
		Remove
		Add SEP TO Remove
		FLORIDA Add
		Remove
	· · · · · · · · · · · · · · · · · · ·	Add
		Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Dated	SEPTEMBER 5 2013
Duiva	
	Signature of a member or authorized representative of a member
	CARLOS E. PAJON
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

ECHELARY OF STATE