Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit nur (shown below) on the top and bottom of all pages of the document.

(((H12000217467 3)))



H120002174673ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number: 120050000099 Phone : (813) 932-5244 Fax Number : (813)932-3782

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

bill@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MJH CONTRACTING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Pago Count	04
Estimated Charge	\$25.00

J. BRYAN

SEP 1 2 2012

EXAMINER

8/31/2012 1:41 PM FROM: Fax Microsoft TO: 18506176383 PAGE: 002 OF 004 (((H12000217467 3)))

COVER LETTER

FO: Registration-Se Division of Cor			
SUBJECT:	MJH CONTRÁCT	ING SERVICES, LLC	40 E T
<u> </u>	Name of Limito	ed Linbility Company	
The enclosed Articles of	Amendment and fue(s) are sub-	nitted for filing.	PA PA
Pleáse réturn álltéorrespo	nodence concerning this matter t	to the following:	SEP PA 1:0
		BILL MOORE	The state of the s
		Name of Person	
	CONTRACTOR	S REPORTING SERVICE, I	INC
		Firm/Company	
	137	95 N NEBRASKA AVE	
	<u> </u>	Address	
	Ţ	AMPA, FL 33624	
		City/State and Zip Code	
		CTIVATEMYLICENSE. COM be used for future annual report notificati	on)
For further information o	concerning this matter, please co	di:	
BILL MOORE		at (813) 932	· · · · · · · · · · · · · · · · · · ·
Name.	ni Person	Area Code & Daytime Te	dephone Number
Enclosed is a check for t	the following amount:		
\$25,00 Filing Fee	□\$30.00.Filing Fee & Certificate of Status	☐S55.00 Filing Fee & Certified Copy (additional.copy is enclosed)	OS60.00 Filing Fee, Certificate of Status &. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building. 2661 Executive Center Circle Tallahassee, FL 32301

8/31/2012 1:30 PM FROM: Fax Microsoft TO: 18506176383 PAGE: 004 OF 004

(((H12000217455 3)))

Everydayplumber.com, LLC 8726 Beverly Drive Temple Terrace, FL 33617

Florida Department of State Division of Corporation Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301 TILED A TO

RE: Release of Name for Everydayplumber.com LLC / L12000106079

To Whom It May Concern;

I recently filed the above mentioned LLC on 08/16/2012 with the intention of opening a new business. I have since changed my business plan and would like to simply amend the name of my already established business MJH Contracting Services, LLC / L12000024489 to Everydayplumber.com, LLC:

I own both companies 100% and would like to release permission of the name to be used to amend my currently established business.

I have provided a copy of the dissolution papers for document number L12000106079 and the amendment to the business name of document number L12000024489.

Thank you for your prompt attention regarding this request. If you should have any questions regarding this request, please contact my office or my representative handling this transaction.

Cordially,

Jacqueline J Hamlin

(((H12000217467 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MJH CONTRACTING SERVICES, 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	2/20/2012	and assigned
Florida document number	L12000024489			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liability	company here	;	
	EVERYDAYPLUMBER.	COM LLC		
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Li	ability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			
				
Enter new mailing address,	if applicable:		<u>-</u>	
(Mailing address MAY BE A	POST OFFICE BOX)		<u></u>	
		······································		
B. If amending the regist registered agent and/or the	ered agent and/or registered office a new registered office address here:	address on ou	ır records, <u>enter tl</u>	ne nume of the new
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
•		Enter Florida street address		
		, Florida		
	Cit	y		Zip Code
New Registered Agent's Signa	ture, if changing Registered Agent:			
I hereby accept the appoint	ment as realistered agent and agree to	act in this car	naoitu I finihar com	ee 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>	Name	Address	Type of Action
MGRM	MICHAEL K HAISTEN	10500 N 62ND ST	5 Add
		TEMPLE TERRACE, FL 33617	Remove
			🗀 Add
			☐ Remove

			Remove
			🗖 Add
			□ Remove
	· · · · · · · · · · · · · · · · · · ·		
			☐ Remove
D. If amend	ling any other information, enter chans	ge(s) here: (Attach additional sheets, if necessar	☐ Remove
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_			TANK SEP
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_			PH III
			ë ë
Dated	08/30, _20	012	
	Joy 97	tale	
		r or authorized representative of a member	
	Typed	URLINE J HAMLIN or printed name of signee	

Page 2 of 2