

U5000 162694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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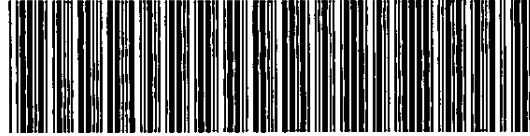
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 06 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WAYNE TURNER PLUMBING, 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:

ROBERT E LIVINGSTON

Name of Person

LIVINGSTON & LIVINGSTON

Firm/Company

445 S COMMERCE AVE

Address

SEBRING, FL 33870

City/State and Zip Code

LIVINGSTON@LIVINGSTONPA.COM

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

For further information concerning this matter, please call:

MARTIN RIMOLDI

863 385-5156
at ()

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

FILED
15 OCT -5 AM 5:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WAYNE TURNER PLUMBING, 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 09/24/2015 and assigned
Florida document number L15000162694.

This amendment is submitted to amend the following:

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

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)

1048 N C HILL ROAD

AVON PARK, FL 33825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1048 N C HILL ROAD

AVON PARK, FL 33825

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WAYNE B TURNER	112 S ROBERTS ROAD	☐ Add
		AVON PARK, FL 33825	☒ Remove
			☐ Change
AMBR	WAYNE B TURNER	1048 N C HILL ROAD	☒ Add
		AVON PARK, FL 33825	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TREASURY
OCT 5 5:00
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. What is the main purpose of the study?
 2. What are the research objectives?
 3. What is the significance of the study?
 4. What is the scope of the study?
 5. What are the limitations of the study?
 6. What is the methodology used in the study?
 7. What are the results of the study?
 8. What are the conclusions of the study?
 9. What are the recommendations of the study?
 10. What are the future research directions?

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 10-2-2015, 2015


Signature of a

Signature of a member or authorized representative of a member

WAYNE B TURNER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00