

((H22000311505 3))

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L17000091701**

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

((H22000311505 3))



H220003115053ABCT

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

From: Account Name : LICENSE EXAM SERVICES  
Account Number : I20120000042  
Phone : (941)685-0955  
Fax Number : (866)473-0571

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

Email Address: MILAN941BUSINESS@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MILAN PUDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

SEP 11 2 11:33  
2022 SEP 12 11:33

SECRETARY OF STATE  
FALL ADDRESS FILED

2022 SEP 12 PM 4:37

APPROVED  
AND  
FILED

**COVER LETTER ((H22000311505 3)))**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MILAN THE PLUMBER 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:

**MILAN PUDA**

\_\_\_\_\_  
Name of Person

**MILAN THE PLUMBER, LLC**

\_\_\_\_\_  
Firm/Company

**3703 CALLIANDRA DR**

\_\_\_\_\_  
Address

**SARASOTA, FL 34232**

\_\_\_\_\_  
City/State and Zip Code

**MILAN941BUSINESS@GMAIL.COM**

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

For further information concerning this matter, please call:

**ROBIN OCONNOR**

**941**

**685-0955**

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT (1122000311505 3)))  
TO  
ARTICLES OF ORGANIZATION  
OF

MILAN PUDA 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 04/25/2017 and assigned Florida document number L17000091701.

This amendment is submitted to amend the following:

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

MILAN THE PLUMBER, LLC

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

Enter new principal offices address, if applicable:

3703 CALLIANDRA DR

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34232

Enter new mailing address, if applicable:

3703 CALLIANDRA DR

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL 34232

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

City

Florida

Zip Code

APPROVED AND FILED  
2022 SEP 12 PM 4:37  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF SARASOTA  
FLORIDA

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: ~~((11220009115053))~~

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

