

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000196525

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.

((H24000222292 3)))



H240002222923ABCZ

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

24 JUN 27 PM 12:19
STATE DEPT OF STATE
DIVISION OF CORPORATIONS

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARTER BACKFLOW SERVICES LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (05), and Estimated Charge (\$25.00).

M. SOLOMON

JUN 28 2024

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DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

((H24000222292 3)))

TO: Registration Section
Division of Corporations

SUBJECT: CARTER BACKFLOW SERVICES, 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:

ROMAN ALBANO
Name of Person

CONTRACTORS REPORTING SERVICE INC
Firm/Company

13795 N NEBRASKA AVE
Address

TAMPA, FL 33613
City/State and Zip Code

info@activatemylicense.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN ALBANO 813 932-5244
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Selected: \$25.00 Filing Fee
Other options: \$30.00 Filing Fee & Certificate of Status, \$55.00 Filing Fee & Certified Copy, \$60.00 Filing Fee, Certificate of Status & Certified Copy

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

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

CARTER BACKFLOW 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 4/27/2021 and assigned
Florida document number L21000196525.

This amendment is submitted to amend the following:

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

CARTER BACKFLOW & PLUMBING SERVICES, 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:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

SEBRING

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WESTREM, SHERRY L	2766 DUFFER ROAD	<input type="checkbox"/> Add
		SEBRING, FL 33872	<input checked="" type="checkbox"/> Remove
		(((H24000222292 3)))	<input type="checkbox"/> Change
OWNER	WESTREM, WAYNE	1629 DANIELS DR	<input type="checkbox"/> Add
		NORTH FORT MYERS, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAMILTON, WAYNE	1629 DANIELS DR	<input checked="" type="checkbox"/> Add
		NORTH FORT MYERS, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARTER, RANDOLPH	2766 DUFFER ROAD	<input type="checkbox"/> Add
		SEBRING, FL 33872	<input type="checkbox"/> Remove
			<input checked="" 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

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

9

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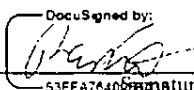
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 26th, 2024

DocuSigned by:


Signature of a member or authorized representative of a member

RANDOLPH DALE CARTER

Typed or printed name of signee