

L110000044052

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

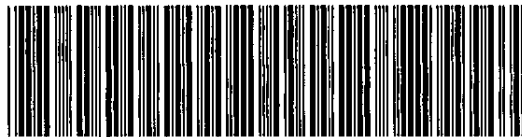
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TALLAHASSEE, FLORIDA

**GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.**

**ATTORNEYS AT LAW**

JOHN S. BOHATCH†  
EDWARD P. GUTTENMACHER  
KATALINA PEÑARANDA  
ANDRES E. TEJIDOR\*

PRACTICE LIMITED TO  
PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT  
\* LL.M. TAXATION

7301 SOUTHWEST 57TH COURT  
SUITE 560  
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040  
TELEFAX (305) 666-1020  
E-MAIL Law@GBPTaxLaw.com

**KEY WEST OFFICE**

GULFVIEW POINTE  
2647 GULFVIEW DRIVE  
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521  
TELEFAX (305) 292-4018

PLEASE REPLY TO:  
SOUTH MIAMI

November 27, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

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

**RE: Articles of Amendment**

To Whom It May Concern:

Enclosed please find for filing the Articles of Amendment for Tasco Plumbing & Mechanical Service, LLC, as well as our Firm's check in the amount of \$25.00 representing the filing fee.

Please file this Amendment and return a date stamped copy to our office in the self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.



KATALINA PEÑARANDA, ESQ.

KP/kb  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 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:

KATALINA PEÑARANDA, ESQ.

Name of Person

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

Firm/Company

7301 SW 57th Court, Suite 560

Address

South Miami, FL 33143

City/State and Zip Code

Kpenaranda@gbptaxlaw.com

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

For further information concerning this matter, please call:

KATALINA PEÑARANDA, ESQ. at (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

FILED  
12 NOV 30 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 were filed on APRIL 12, 2011 and assigned  
Florida document number L11000044032.

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 end with 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)

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

Florida

City

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SECRETARY OF STATE  
TALLAHASSEE, 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 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>           | <u>Address</u>                   | <u>Type of Action</u>                   |
|--------------|-----------------------|----------------------------------|---|
| MGR          | ANGEL FRANCISCO PEREZ | 2284 SW 25 <sup>th</sup> Terrace | <input checked="" type="checkbox"/> Add |
|              |                       | Miam. Florida 33133              | <input type="checkbox"/> Remove         |
|              |                       |                                  | <input type="checkbox"/> Add            |
|              |                       |                                  | <input type="checkbox"/> Remove         |
|              |                       |                                  | <input type="checkbox"/> Add            |
|              |                       |                                  | <input type="checkbox"/> Remove         |
|              |                       |                                  | <input type="checkbox"/> Add            |
|              |                       |                                  | <input type="checkbox"/> Remove         |
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|              |                       |                                  | <input type="checkbox"/> Remove         |
|              |                       |                                  | <input type="checkbox"/> Add            |
|              |                       |                                  | <input type="checkbox"/> Remove         |

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

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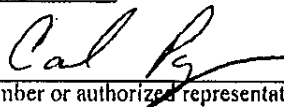
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Dated NOVEMBER 21, 2012



Signature of a member or authorized representative of a member

**CARLOS PAJON, MANAGER**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00