

From: Jason Morales

L13000055544
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : 120050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

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

Email Address: JASON@ACTIVATEMYLICENSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEWER KING PLUMBING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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FAX

Date: 10/18/2013

Pages including cover sheet: 5

To:	(((H13000232208 3)))
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From:	Jason Morales
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	FL 33613
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NOTE:

(((H13000232208 3))) DOC#L13000055544

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEWER KING 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:

JASON MORALES

Name of Person

CONTRACTORS REPORTING SERVICE, INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33624

City/State and Zip Code

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

For further information concerning this matter, please call:

JASON MORALES

Name of Person

at

(813) 932-5244

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
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\$55.00 Filing Fee &
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(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
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2013 OCT 18 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SEWER KING 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 04/15/2013 and assigned Florida document number L13000055544.

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

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 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:

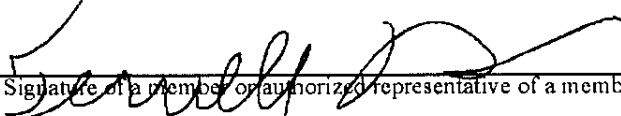
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	TERRELL NIXON	1750 16TH AVENUE SOUTH 35488 ST. PETERSBURG, FL 33705	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <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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 TALLAHASSEE, FLORIDA

Dated OCTOBER 18, 2013



 Signature of a member or authorized representative of a member
TERRELL NIXON

 Typed or printed name of signee