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J. HARRIS

COVER LETTER

SUBJECT: Crawford Plumbing L.L.C. 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:
Quy A. Crawford Name of Person
Crawford Plumbing, L.L.C.
750 Lake Harney Woods Blvd.
Mims, FL 32754 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigsquare \text{\$100 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$\$}\$\$

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crawford P (Name of the Limited Liability (A Florida Li	Company as it now appears on our recomitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on $4/9$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "I	.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\	24
(Principal office address MUST BE A STREET ADDRES	<u>cs)</u> ′	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 12:
B. If amending the registered agent and/or register	red office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office addres		
Name of New Registered Agent:	Para hour	
New Registered Office Address: 750	Lake Harney 1	Woods Blyd.
Min	City .	Florida 32754 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>	Name	Address	Type of Action
			
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Filing Fee: \$25.00