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SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE

ANG 0 8 2011

EXAMINER

COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Amen of Person		ING ADDRESS:	STREET/COURIER AI	NNDECC.
SUBJECT: 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:	٠	\$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
SUBJECT: 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:	Don Joh Name o	M SOV of Person	at (850) 838 - 97 Area Code & Daytime Telepl	255 FLORD STATE
SUBJECT: Down Son Plumbing Name of Limited Liability Company	For further information of	concerning this matter, please c	all:	SEE S
SUBJECT: 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: ONDONO JOHNSON Pirm/Company SS41 Beach Fd Address Perry FJ 32348		JOE TOLL E-mail address: (i	ET@ FAIR POINT to be used for future annual report notification)	I. NET ARE T
SUBJECT: 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: Name of Person Name of Person South South South Firm/Company 8541 Beach 7d		Perry	F) 32348 City/State and Zip Code	
SUBJECT: 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: Name of Person Name of Person Plumbing		8541 E	leach rd. Address	
SUBJECT: 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:	×	Obn Joh	N SON Plumb	ns
SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.		Done	2 Chyson 50V	
SUBJECT: Name of Limited Liability Company	Please return all correspondent	ondence concerning this matter	to the following:	
SUBJECT: DON JOHNSON Plumbing	The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
•		Name of Limi	ted Liability Company	
Division of Corporations		rporations	01	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Don J	ohnson.	Plumbina	2 C.
(Name of the Limited)	Florida Limited Liability	t now appears on our record y Company)	gg))
The Articles of Organization for this Limited Lia	ability Company were	filed on / <u>A/14/2</u>	and assigned
This amendment is submitted to amend the follo	wing:	•	
A. If amending name, enter the new name of	the limited liability co	ompany here:	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Lia	ability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:			- 5 SSR - 5
<u>Mailing address MAY BE A POST OFFICE B</u>	<u> </u>		
			S T S
·			ATE RID
 If amending the registered agent and/or segment and/or the new registered offine. 		ddress on our records, e	enter the name of the new
,	ice 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

Title Type of Action Name 1 Address ☐ Add Remove MA 🔀 `Remove ☐ Add Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Ségnature of a member or authorized representative of a member Jahrson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00