

**L03000056973**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

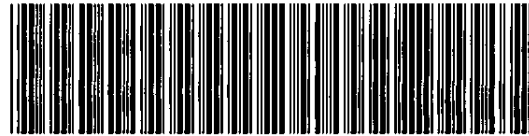
(Business Entity Name)

(Document Number)

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2011 SEP 16 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
SEP 19 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Don McCarter Plumbing Company 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:

Don McCarter Sr.  
Name of Person

Don McCarter Plumbing Company LLC  
Firm/Company

4793 Lenox Ave.  
Address

Jacksonville FLA. 32205  
City/State and Zip Code

DONMCCARTERPLUMBING@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne McCarter at (904) 387-5385  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

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Don McCarter Plumbing Company LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 2005 and assigned Florida document number L03000056973

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:

SAME

New Registered Office Address:

SAME

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>  |
|--------------|-------------------------|--|--|
| MGRM<br>VD   | Clayton, Beau T.        | 4793 Lenox Ave<br>Jacksonville, FL 32205         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM<br>SD   | Griffix, Thomas E.      | 4793 Lenox Ave<br>Jacksonville, Florida<br>32205 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| ATTY         | Larriest, Edward S. Jr. | 1916 Gulf Life Towers<br>Jacksonville FL 32207   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| _____        | _____                   | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                   | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                   | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated Sept. 14, 2011.

Don McCarter Sr.  
 Signature of a member or authorized representative of a member  
DON MCCARTER SR.  
 Typed or printed name of signee