100000008843

(Requestor's Name)
(Address)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, i

Office Use Only



500155733275

05/11/09--01012--018 **30.00



M. THOMAS

MAY 1 2 2009

EXAMINER

COVER LETTER

	ation Section of Corporations					
SUBJECT: GERALD KEENE PLUMBING, LTD. CO.						
SUBJECT:		ited Liability Company				
The enclosed Art	ticles of Amendment and fee(s) are sul	omitted for filing.				
Please return all	correspondence concerning this matter	to the following:				
		MARLON L. KEENE				
		Name of Person				
•	GERALD	KEENE PLUMBING, LTD. CO.				
		Firm/Company				
•		5501 BAILEY ROAD				
		Address				
	DI AN	NT CITY, FLORIDA 33565				
-	1 5/1	City/State and Zip Code				
	PONY+	Firm/Company 5501 BAILEY ROAD Address IT CITY, FLORIDA 33565 City/State and Zip Code oes Over zero Dot Net to be used for future annual report notification)				
For further infor	mation concerning this matter, please					
	MARLON L. KEENE	at (813) 754-8814				
	Name of Person	Area Code & Daytime Telephone Number				
Enclosed is a che	eck for the following amount:					
\$25.00 Filing	See \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
E + J	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

CEDALD KEENE DILIMPING LTD CO.

(A	Florida Limited L	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document numberL0400008		were filed on FEB	RUARY 2, 2004	4_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		5501 BAILEY ROAD		
(Principal office address MUST BE A STREE	T ADDRESS)	PLANT CITY, FLORIDA 33565		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5501 BAILEY R PLANT CITY, F		TALLEAT TALL
B. If amending the registered agent and/oregistered agent and/or the new registered of			records, enter th	he name of the new
Name of New Registered Agent:	MARLON L	. KEENE		
New Registered Office Address:	ress			
	PI	LANT CITY	, Florida	33565
		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.

Marin L. Reene
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

1.

MGR = Manager MGRM = Managing Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGR_	MARLON L. KEENE	5501 BAILEY ROAD PLANT CITY, FLORIDA 33565	Add Remove 				
<u>MGRM</u>	MARLON L. KEENE	5501 BAILEY ROAD PLANT CITY, FLORIDA 33565	Add Remove 				
MGR	GERALD L. KEENE	8960 SCALES ROAD LAKELAND, FLORIDA 33810	Add Remove 				
MGRM	SALLY W. KEENE	5501 BAILEY ROAD PLANT CITY, FLORIDA 33565	Add Remove 				
·		PH PO	Add Remove				
D. If amendia	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Remove 11:07				
Dated	· ·	 '					
_		printed name of signee					

Page 2 of 2

Filing Fee: \$25.00