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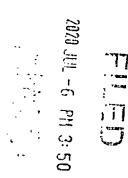
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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AUG 1 6 2020 S. YOUNG

COVER LETTER

Registration Section

TO:

Division of Co	rporations		
BLUME N	MECHANICAL LLC		4
SUBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	STEPHEN G. BLUME		
		Name of Person	
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: STEPHEN G. BLUME: Name of Person BLUME MECHANICAL.LLC Firm/Company 11300 43RD STREET NORTH Address CLEARWATER, FL 33762-4900 City/State and Zip Code SBLUME@BLUMEMECHANICAL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1727 Area Code Daytime Telephone Number the following amount: S55.00 Filing Fee & Certified Copy (additional copy is enclosed) SCENTIFICATION CONTRIBUTED		
		Firm/Company	
	11300 43RD STREET NO	Name of Limited Liability Company d fee(s) are submitted for tiling. hing this matter to the following: G. BLUME Name of Person BECHANICALLLC Firm/Company D STREET NORTH Address ATER, FL 33762-4900 City/State and Zip Code BLUMEMECHANICAL.COM E-mail address: (to be used for future annual report notification) matter, please call:	
		Address	
	CLEARWATER, FL 3376	2-4900	
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
LANETTE KIRBY			
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration			ection
Division of	Corporations	Division of Co	o rp orations
P.O. Box 63			
Tallahassee,	ГL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUME MECHANICAL, LLC

(Name of the Limited Liabi (A Flori	ility Company as it now app da Limited Liability Company	ears on our records.)	102
The Articles of Organization for this Limited Liability	Company were filed on [06/08/2005	and assigned"
Florida document number L05000059157	<u></u> .		o il
This amendment is submitted to amend the following:			0
This afficient is submitted to afficie the following.			ည တ
A. If amending name, enter the new name of the lin	nited liability company	here:	6
The new name must be distinguishable and contain the words "Li	mited Liability Company," th	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			_
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	ed 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 F	lorida street address	
	Florida		1
	City		Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent	t and agree to act in thi	s capacity. I further	agree to comply with the
provisions of all statutes relative to the proper and	complete performance	of my duties, and I a	um familiar with and

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 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>	<u>Name</u>	Address	Type of Action
AMBR	TRICIA M. SIMMONS	11300 43RD STREET NORTH	□Add
		CLEARWATER, FL 33762	≅Remove
			□ Change
			□Add
			□ Remove
			
			Remove
			
		-	□Add
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(If an effective Note: I	The date, if other than the date of the date is listed, the date must be specified the date inserted in this block does not selfective date on the Department's effective date on the Department.	rific and cannot be prior to s not meet the applica	o date of filing or more tha ble statutory filing requ	(optional) n 90 days after filing.) Pursu irements, this date will no	ant to 605,0207 (3 ot be listed as th
he record ord is file	specifies a delayed effective date, d.	out not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
Dated _	UNE 24	2020			
	SxIII	re of a member or author	rized representative of a m	eniber	
	•		-		
	STEPHEN G. BLUME	· · · · · · · · · · · · · · · · · · ·	I name of signee		