LD50000834100

| (Re | questor's Name) | | | |
|---|------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ád | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| L. SELLEFS | | | | |
| SEP 232008 | | | | |
| EXAMINER | | | | |
| | | | | |

Office Use Only



09/22/08--01010--008 **25.00

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COVER LETTER

| TO: Registration So Division of Con | | | |
|--|---|--|--|
| SUBJECT: | VATIVE Plum | biNG, LLC ited Liability Company) | |
| • | (Name of Limi | ned Blatimy Company) | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Stephen I | BUONANNO . | |
| | | (Name of Person) | |
| | Native t | Name of Person) Plumbing, LLC (Firm/Company) | |
| | | (Firm/Company) | |
| | 127 N. Ros | scoe Blud | |
| | | (Address) | · · · · |
| | PONTE Ved | Ra Beach, F1 (City/State and Zip Code) | 32082 |
| | | (City/State and Zip Code) | |
| For further information c | oncerning this matter, please ca | all: | |
| Stephe | EN BUONDNNO | at (904 Z70 · Z2 (Area Code & Daytime T | 266 |
| (Name | of Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check for the | ne 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 **ARTICLES OF ORGANIZATION OF**

| NATIVE Plumbing, LLC | |
|---|--|
| (Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company) | ars on our records. |
| The Articles of Organization for this Limited Liability Company were filed on | 0/20/20-5 |
| Florida document number <u>LOS000083460</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company he | ere: |
| | |
| The new name must be distinguishable and end with the words "Limited Liability Comp" L.L.C." | pany," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 08 TAC |
| (Principal office address MUST BE A STREET ADDRESS) | SEP 22 |
| | 1 1 1 1 1 1 1 1 1 1 |
| | |
| 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 registered agent and/or the new registered office address here: | our records, enter the name of the new |
| | |
| Name of New Registered Agent: STEPHEN SUG | NANNO |
| New Registered Office Address: 127 N. Eoscoe | Enter Florida street address) (Zip Code) |
| ρ in $V_{\sigma} = 0$ | inter Florida street address) |
| FONTE VEDRA O | Florida 52082 |
| New Registered Agent's Signature, if changing Registered Agent: | (Zip Coucy |

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> | Address | Type of Action |
|---|--|--|----------------------|
| MGR | Stephen Buonanno | 127 N. Roscoe Blud PONTE VEDRA BEACH Florion 32082 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| *************************************** | | | Add Remove |
| D. If amendir | ng any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | _ |
| | | | |
| | | | ا 354 م |
| Dated | Signature of a member or | suthorized representative of a member | FILE 08 SEP 22 AM |
| _ | Stephen Typed or | Buonanno printed name of signee | M 8: 23 |

Page 2 of 2

Filing Fee: \$25.00