

03/27/2019

09:05 AM PDF

TO: (850)617-6383

FROM: (916)637-41357

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042

Phone : (941)706-2336

Fax Number : (866)473-0571

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

ANYTIMEPLUMBINGLLC@ICLOUD.COM

Email Address:

**LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN**

A&E PLMB LLC

Certificate of Status	0
Certified Copy	0

3/28/19 OS

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Corporate Filing Menu

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MAR 27 2019
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COVER LETTER**(((H19000101921 3)))****TO: Registration Section
Division of Corporations****SUBJECT: A&E PLMB 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:

ROBIN O'CONNOR

Name of Person

LICENSE EXAM SERVICES, LLC

Firm/Company

4713 WEBBER ST

Address

SARASOTA, FL 34232

City/State and Zip Code

ROBIN@NEEDFLORIDALICENSE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN O'CONNORat (**941**)**706-2336**

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 32301MAR 27 PM 7:13
CLERK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A&E PLMB LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/01/2006 and assigned
Florida document number L06000044949.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A & E ANYTIME PLUMBING AND DRAIN CLEANING, LLC

The new name must be distinguishable and contain 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:

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* **((H19000101921 3)))**

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
--	---

Dated **MARCH 7**, **2019**

M. P. B.

Signature of a member or authorized representative of a member

MICHELLE M PFALZ

Typed or printed name of signee