L07000046506

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Document Number)
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P.A.

COVER LETTER

TO:

Registration Section **Division of Corporations**

Of Plumbing 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:

Enic T Echevania
(Name of Person)

Monapet of Plumbing LCC (Firm/Company)

Vest Pace Beach ... (City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>541</u>) 707 - 4314 (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

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

(A Florida Limited Liability Company)

(22000100 200002 =					
The Articles of Organization for this Limited Liability Company	were filed on 05/01/07 and assigned				
Florida document number <u>L07000046506</u> .	were filed on <u>05/01/07</u> and assigned				
This amendment is submitted to amend the following:	ASSET P M				
A. If amending name, enter the new name of the limited liabi	lity company here:				
Pla					
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLE" or the abbreviation				
Enter new principal offices address, if applicable:	512 Ec Pradu West Raum Beach FL 334US				
(Principal office address MUST BE A STREET ADDRESS)	West Raum Beach				
	FC 33405				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/N				
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)				
	Clarida				
	(City) , Florida (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comp					

(If Changing Registered Agent, Signature of New Registered Agent)

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 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

	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
Hery	Alfredo Grenero	716 Nathan Hace Ro Worr Parm Man of FL 33405	Add Remove
	· .		Add Remove
			Add Remove
			Add Remove
		TA S	Add Beemove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	Remove 33
4	YA		
Dated	X - A Danker	r or authorized representative of a member	
	Ene T Echo	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00