

207 000046506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

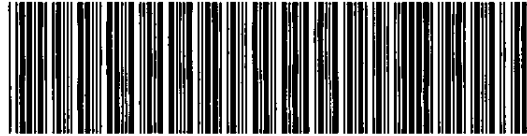
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800262844998

08/06/14--01014--014 \*\*25.00

14 AUG -6 PM 1:15  
ST. JOHN'S STATE  
COURT HOUSE  
JANUARY

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MONARCH 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:

**ERIC J. ECHEVARRIA**

Name of Person

**MONARCH OF PLUMBING LLC**

Firm/Company

**512 EL PRADO**

Address

**WEST PALM BEACH, FL 33405**

City/State and Zip Code

**MONARCH.PLUMBING@YAHOO.COM**

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

For further information concerning this matter, please call:

**ERIC J. ECHEVARRIA**

Name of Person

at **561 707-4314**

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

MONARCH OF PLUMBING LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALFREDO GUERRERO	716 NATHAN HALE RD	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH	<input type="checkbox"/> Remove
		FL, 33405	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

---

---

---

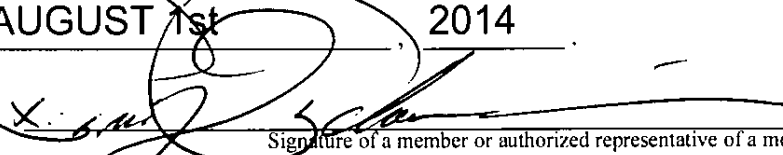
---

---

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 1st, 2014



Signature of a member or authorized representative of a member

ERIC J. ECHEVARRIA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

14 AUG -6 PM 1:15  
FILED  
TALLAHASSEE, FL  
CLERK OF COURT