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B. BOSTICK
DEC 1 0 2012
EXAMINER

COVER LETTER

Division of Cor	porations			
SUBJECT: NOR	Th FLORICIA Name of Limit	HOSE TESTIN ed Liability Company	g Services, L	-LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		WAJKA Name of Person		' // C
	NORIH the	on da Hose 7	esting Denvi	CCS, CC -
•	2863 BOR	den Stree	+	
	MARIGA	n A FL 3Z4	48	
	firehosete E-mail address: (to	Strate and Zip Code Strate embage be used for future annual report not	rang/L. consideration	12
For further information c	oncerning this matter, please ca	all:	主流	
John WA	1ker	at (850) 20 9 -	-7707 SAN	20
Name o	f Person ·	Area Code & Daytii	me Telephone Number	H 10: 19
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status	&

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Florr all Hose Testing Service, 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 May 12, 2012 and assigned Florida document number L0700051507.

This amendment is submitted to amend the following:

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

North Florida Hose Testing Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		i co	12	
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Enter new mailing address, if applicable:		~ - ^ . D. — —	77.230	Same.
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(Mailing address MAY BE A POST OFFICE BOX)	applicable:			
	<u> </u>	⊋1		A DESCRIPTION
		<u> </u>		
		البيار <u>(</u>	9	

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:

		_, Florida
New Registered Office Address:	Enter Flor	ida street address
Name of New Registered Agent.		

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 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

<u>Title</u>	<u>Name</u>	Address 1	Type of Action
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D. If amend	ling any o	ther information, enter change(s) here: (Attach additional sheets, if necessary,)
 .			
			
Dated 12	16	1 , 2012	
		Poly H. Welker	
		Signature of a member or authorized representative of a member	
		John H. WAlker	
		Typed or printed name of signee	
		Dans 2 of 2	

Page 3 of 3

Filing Fee: \$25.00

12 DEC 20 AM IO: 19