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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

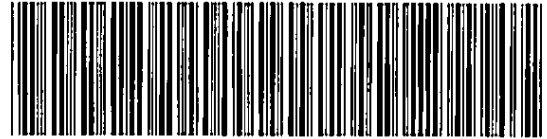
(Business Entity Name)

(Document Number)

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19 OCT 26 AM 8:09
RECEIVED
STATE OF CALIFORNIA
SECRETARY OF STATE

Amend.

NOV 29 2019
D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Lee Mechanical & 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:

Gary Lee

Name of Person
Lee Mechanical & Plumbing, LLC

Firm/Company
4119 Warehouse Ln

Address
Pensacola, FL 32505

City/State and Zip Code
~~Pensacola, FL 32505~~ GARYLee@LeeHVAC.com

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

19 OCT 2011 AM 8:09

For further information concerning this matter, please call:

Gary Lee at (850) 380-6923

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 32301

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

Lee Mechanical & Plumbing, LLC

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

19-007-21
FILED
11/20/2007
TALLAHASSEE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/20/2007 and assigned
Florida document number L07000116744.

This amendment is submitted to amend the following:

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

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lee, Jennifer	151 Countri Lan	<input type="checkbox"/> Add
		Cantonment, FL 32533	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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