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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A. G. Reeves 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:		
Allen & Reeves Name of Person A. G. Reeves Firm/Company PO BOX ////74 Address Address Address City/State and Zip Code reeves plumbing @ gmail.co E-mail address: (to be used for future annual report notification)	2009 MAY -7 PM 1: 46 SECRETARY OF STATE TALLAHASSEE. FLORIDA	FILED
For further information concerning this matter, please call:		
Allen Reeves at 235, 5/4-4539 Name of Person Area Code & Daytime Telephone Numb	 per	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Status & ed Copy onal copy is enclos	ed)

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

	eves LLC		
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now as ida Limited Liability Compa	opears on our records.) any)	
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on	10/19/08 2949001	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	y here:	1 197
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	ompany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		AAR HE	<u> </u>
(Principal office address MUST BE A STREET AI	ODRESS)	ASS	
Enter new mailing address, if applicable:	<u></u>	EE, FLORIO	
(Mailing address MAY BE A POST OFFICE BOX	2	Α	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, <u>enter th</u> e	e name of the new
Name of New Registered Agent:	-		
New Registered Office Address:	· .	Enter Florida street addre	ess
		. 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 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 MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
lic <u>e fre</u> s	Allan G. Reeves	15450 Puffin Dr Bonita Springs, Fl. 34135	Add Remove
·	· · · · · · · · · · · · · · · · · · ·		Add Remove
Interest			Add Remove
	·	TALLAHA	Remove
		## ## ##	Remove
		RIDA	Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			
Dated	5-5-09,		
	Signature of a member Allen G. Re	or authorized representative of a member	

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Filing Fee: \$25.00