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EXAMINER



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## **COVER LETTER**

Division of Cor	porations		
SURJECT: A+ Plur	nbing Professionals	. LLC	
SUBJECT:		ited Liability Company)	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shane W. Sullen		
	Onlane VV. Odilen	(Name of Person)	
		,	
	A+ Plumbing Profession		
		(Firm/Company)	
	4520 3rd st. W		
	· · · · · · · · · · · · · · · · · · ·	(Address)	
	Lehigh Acres, FI 33971		
		(City/State and Zip Code)	<del></del>
For further information of	oncerning this matter, please c	all:	
Shane W. Sullen		at ( 239 ) 440-1378	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	ne following amount:		
<b>☑</b> \$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)
•	NO ADDRESS		

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

TO:

**Registration Section** 

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**

A+ Plumbing Professionals, LLC			
(A Florida Limited I	ny as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 2/25/08	and assigned	đ
Florida document number L08000020092			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited Kat</u>	ollity compuny here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbre	viation
Enter new principal offices address, if applicable:		\$ 80	SEC
(Principal office wildraw MUST BE A STREET ADDRESS)		<b>T</b>	<b>严</b>
		<b>-8</b>	ĺŽ,
		3	
Enter new mailing address, if applicable:	4520 3rd st. W	<b>F</b>	를 60 도착한
(Mailing address MAY BE A POST OFFice work)	Lehigh Acres, FI 33971		<u> 12</u>
			<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered of life adds as '	fice address on our records, <u>ent</u>	r the name of the	e <b>nev</b>
Name of New Registered Agent.			
New Registered Office Address:	(Enter Florida street	address)	
	, Florida		
	, FIOFIGE (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 have be confirm that the limited linkilling company has been notified in writing of this change.

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

Name	Address	Type of Actio
Stark C. Sullen	1609 Plumosa ave. Lehfgh Acres, Fl. 33972	Add Add Remove
		☐ Add
		Remove
	· · · · · · · · · · · · · · · · · · ·	Add Remove
		Add Remove
		Remove
		Add Remove
		e W. Sullen
of August	2008	
	ding any other information, ente	Lehigh Acres, FI. 33972  Lehigh Acres, FI. 33972

• If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00