# U8000027713

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificate	s of Status
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<b>,</b>		
Special Instructions to I	Filing Officer:	
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2009 MAR 19 PH 1: 50 SECRETARY OF STATE TALLAHASSEE. FLORID

T. CLINE

MAR **1 9** 2009

**EXAMINER** 



March 3, 2009

ESTEBAN RAMOS 16898 71ST LN N LOXAHATCHEE, FL 33470

SUBJECT: REGAL PLUMBING, LLC

Ref. Number: L08000027713

We have received your document for REGAL PLUMBING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000068590.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline

Regulatory Specialist II

Letter Number: 309A00007262

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ivision of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# **COVER LETTER**

Fro: Registration Section Division of Corporations	
SUBJECT: Regal Plumbing LLC	
(Name of Limited Diability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Estepan Augel Ramos	
(Name of Person)	
Command	
Company (Firm/Company)	
16898 71st LN N (Address)	
Loxahat Chec FL, 33470 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Esteban Angel Rames at (561) 752-6844	
Esteban Angel Rames at (561) 752-6844  (Name of Person) (Area Code & Daytime Telephone Number)	
CRE P	Š
(Name of Person)  (Area Code & Daytime Telephone Number)  ARE TARK  Enclosed is a check for the following amount:	CONT.
□ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	r-g
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	-
(additional copy is enclosed) (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

Regal Plu	mbine	LIC.		SECT	2009 <b>K</b>	.tarejira
(Name of the Limited (A	Liability Compat Florida Limited L	n as it now appears on o iability Company)	ur records.)	ANT.	<b>30</b>	
The Articles of Organization for this Limited Lie Florida document number	•	were filed on		RY and STA	Ssigned	
This amendment is submitted to amend the follo	owing:				50	
A. If amending name, enter the new name of	the limited liab	ility company here:				
Regal Enterprises (The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if application (Principal office address MUST BE A STREET)	able:	ted Liability Company," the 16898 7 Loxahoveh	15+	LC" or the	e abbrevia	ation
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	B <i>OX</i> )	16898 Loxahate	71st LA hee Fa	U N L. 3:	3470	_ 
B. If amending the registered agent and/o registered agent and/or the new registered of			cords, enter t	h <u>e name</u>	of the	new
New Registered Agent:/	11.898	TIST LA (Enter Fl ratchee (City)	l JJ		(ZO	
		(City)		(Lip C	July	

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 Type of Action Title Name Address ☐ Add Remove \_ Add Remove \_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

(Must be signed by a Member or Authorized Representative.)

-nber

Page 2 of 2

Filing Fee: \$25.00