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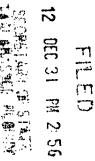
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

NEW AGE PLUMBIG 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:

JULIAN GRENALD

Name of Person

NEW AGE PLUMBING LLC

Firm/Company

892 PICASSO AVE

Address

DELTONA FL 32725

City/State and Zip Code

julian@newageplumbing.com

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

For further information concerning this matter, please call:

JULIAN GRENALD

386 627 0852

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)

☐S60.00 Filing Fec, 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

FILED

12 DEC 31 PH 2:56

NEW AGE PLUMBIG LLC

SEORGIARY OF STATE

(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 wer	e filed on 04/09/2008	and assigned
Florida document number L08000035905		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
NEW AGE PLUMBING LLC	company nere	
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Company," the designation "LLC	" or the abbreviation
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 registered agent and/or the new registered office address here:	address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Ci	'ty'	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 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> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		Remove	
			
			Add
			Remove
			_
<u> </u>			Add
			Remove
			_
			Remove
			_
			Add
			Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	12-28 - 2012
	lud Co
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00