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SEGRETARY OF STATE
ORIGINAL STA

D. BRUCE

AUG 1 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: Brumr	nitt Installations, LLC		0
		ited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Patricia Brummitt		
	***************************************	(Name of Person)	II SI SINGER
	Brummitt Installations, LI	LC	
		(Firm/Company)	75 S
	10346 Dwights Road		08 JUL 31 SECRETAL
		(Address)	75 W
	Clermont, Florida 43714	4	ي جي جيونو
		(City/State and Zip Code)	AM IO: 56 OF STATE
For further information	concerning this matter, please c	all:	1: 56 TATE ORIDA
Patricia Brummitt (Nam	e of Person)	at (352) 242-3843 (Area Code & Daytime To	elephone 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)
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brummitt Installations, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record	<u>ls.</u>)	
(**************************************			
The Articles of Organization for this Limited Liability Company	were filed on <u>04/28/2008</u>	and assigned	
Florida document number L08000042084			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim	ited Lighility Company " the decions	tion "LLC" or the abbreviation	
"L.L.C."	ned Diability Company, the designa	mon LEC of the addreviation	
Enter new principal offices address, if applicable:	10346 Dwights Road		
(Principal office address MUST BE A STREET ADDRESS)	Clermont, Florida 34714		
		<u>Z</u>	
		ECS JE TO THE	
Enter new mailing address, if applicable:	10346 Dwights Road	- π - -	
(Mailing address MAY BE A POST OFFICE BOX)	Clermont, Florida 34714		
		STA O	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> ·e:	nter the name of the new	
	<u>-</u> -		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida str	eet 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 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>	<u>Name</u>	Address	Type of Action
MGR	Samuel Brummitt	10346 Dwights Road Clermont, Florida 34714	Add Remove
MGRM_	Gamaliel Martinez	208 Boca Ciega Road Mascotte, Florida 34753	Add Remove
MGRM	Arturo Diaz Serrato	123 Brittani Road Mascotte, Florida 34753	Add Remove
MGRM	Jesus Jose Luna Cortez	1176 Parkwood Street Groveland , Florida 34736	Add Remove
MGRM	Eliberto Cano-Quinones	419 Orange Street Mascotte, Florida 34753	Add Remove
MGRM_	Casey Brummitt	4652 Plymouth Sorrento Road Apopka, Florida 32703	Add Remove
D. If amer	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary	O8 JUL 31 AH ID: 56 SEGRETARY OF STATE
Dated	July 21 , 20	Brymmtt	
	Signature of a me	mber or authorized representative of a member	<u>19-9-9-19-9-19-9-19-9-19-9-19-9-19-9-1</u>
	Patricia Brummitt	yned or printed name of signer	

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Filing Fee: \$25.00