10800054136

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· · · · · · · · · · · · · · · · · · ·
Special Instructions to Filing Officer:

Office Use Only



900303407249

09/22/17--01020--029 **25.00

FILEU
7 DEC -7 AM 2: 4

RET THERE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One World Plumbing Services 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:
Joseph Marisseau Name of Person
One World Plumbing Services LLC.
92 N.E. 49 St. Address
Migmi FL 33137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Mocissequ at (786) 346 - 5020 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Status Status Secretified Copy (additional copy is enclosed) \$25.00 Filing Fee Secretified Copy (additional copy is enclosed) \$25.00 Filing Fee Secretified 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 ARTICLES OF ORGANIZATION One World Plumbing Dervices (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 were filed on _______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MO-JO PLUMBING & SEPTIC SERVICES LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title **Type of Action** <u>Name</u> Paul, Fisjeral 6821 MCC lellanst. - Add

Holly wood, Fl 33024 Premove ☐ Change □ Add □ Remove ☐ Change ☐ Remove Change D Add □ Remove ____ Change _□ Add ☐ Remove _□ Change □ Add □ Remove

.

☐ Change

_		
		_
_		
_	2- 40 2- 40	17
_)
	7.	_ _
		٦ ١
	X. C.	葉で
_	<u> </u>	<u>2</u> =
		
an effection	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea Oth day after the record is filed.	ırlier of
ated _	Joseph Monisse an Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00