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SECRETARY OF STATE ALLAHÁSSEE, FLORIDA

MI SOUTH

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rame 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:	
Donald J. Pyle	
PILE'S Plumbing LLC Firm/Company	
42321 Pond VIEW LANE	
DELAND, Fl. 32720  City/State and Zip Code	
DV/ESDlumbing@hotmail. Apm	-
For further information concerning this matter, please call:	100mm 100mm 100mm 100mm
Him Pierces at 352 383-2865 mg 1352 Name of Person Area Code Daytime Telephone Number 175 175 175 175 175 175 175 175 175 175	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	

## MAILING ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Companysas if now appears on our records.) orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8-7-08Florida document number L0800007.59 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

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

<u>Titte</u>	<u>Name</u>	Address	Type of Action
<u>Mr.</u>	Michael Gaulin	1030 Jodi Ridge Ct. Kissimmee, Fl 3474	Add .
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Filing Fee: \$25.00