LO 40000013432

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000075088 3)))



H090000750883ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number . : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

09 MAR 31 AH II: 23

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RANDY RUSHING PLUMBING, LLC

| ED | 2:05 | STATE LORIDA |
|--------|--------------|------------------------------|
| RECEIV | 09 HAR 31 PH | SECRETARY OF INLLAHASSEE, FL |

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

D. BRUCE

APR - 1 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H090000750883

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RANDY RUSHING PLUMBING, LLC | | | |
|--|---|----------------------------------|--|
| (Name of the Limited Liability Con (A Florida Limit | npany as it now appears on our rec ed Liability Company) | ords.) | |
| The Articles of Organization for this Limited Liability Comp. | and assigned | | |
| Florida document number L09000013432 | | | |
| 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 end with the words "L | imited Liability Company," the design | gnation "LĻÇ" or the abbreviatio | |
| "L,L,C," | | O91 | |
| Enter new principal offices address, if applicable: | | AR E M | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | χ Σ | |
| | | mo > m | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | |
| | | | |
| B. If amending the registered agent and/or registered | | , enter the name of the nev | |
| registered agent and/or the new registered office address i | <u>here</u> : | | |
| Name of New Registered Agent: | | | |
| | - | | |
| New Registered Office Address: | (Enter Florida street address) | | |
| | , | | |
| | , Fit | orida(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)

MGR = Manager

H090000750883

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:

MGRM = Managing Member **Title** Name <u>Address</u> Type of Action MGRM RICKY GLATTLI **p**[7] Add 3421 NE 135TH ST ANTHONY, FLORIDA 32617 Remove ☐ Add Remove 🗂 Add Remove ☐ Add Remove ſ Add Remove 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated MARCH 30TH 2009 Signature of a member or authorized representative of a member RANDOLPH S RUSHING