

LD9000024873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

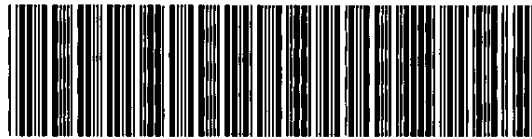
Special Instructions to Filing Officer:

L. SELLERS

MAY: 22 2009

EXAMINER

Office Use Only



600156052196

05/21/09--01020--005 **55.00

FILED
09 MAY 21 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced 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:

Shawn U. Bourgeois
Name of Person

Advanced Plumbing Services, LLC
Firm/Company

3414 Petty Dr.
Address

Cantonment, Florida 32533
City/State and Zip Code

advplumbingervices@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Bourgeois at (850) 723-2364
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) ☐ \$60.00 Filing Fee, 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**

Advanced Plumbing Services, LLC

(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 March 11, 2009 and assigned Florida document number LO9000024873.

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 "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:

Shawn A Bourgeois

New Registered Office Address:

344 Petty Dr.

Enter Florida street address

Cantonment

City

, Florida

32533

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.

Shawn A Bourgeois 5-17-09
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Shawn A Bourgeois	344 Petty Dr. Cantonment, FL 32533	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Laurel B Bourgeois	344 Petty Dr. Cantonment, FL 32533	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Laurel B Bourgeois	344 Petty Dr. Cantonment, FL 32533	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____.

Shawn A Bourgeois 5-17-09  5-17-09
 Signature of a member or authorized representative of a member
 Shawn A Bourgeois Laurel Bourgeois
 Typed or printed name of signee

FILED
09 MAY 21 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Shawn U Bourgeois, am accepting ⁵⁻¹⁷⁻⁰⁹
the appointment. I am familiar with ~~the~~ and
accepts 3 obligations of the position.

Shawn U Bourgeois
Shawn U Bourgeois

I, Laurel Bourgeois, am accepting the
appointment. I am familiar with
and accept the obligations of the
position.

Laurel Beth Bourgeois
Laurel Beth Bourgeois
5/17/09