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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
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#### **COVER LETTER**

**Division of Corporations** NEW VISION PLUMBING AND MECHANICAL, LLC SUBJECT: 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: BILLY MCNIGHT JR Name of Person NEW VISION PLUMBING AND MECHANICAL LLC Firm/Company 5307 N. FALKENBURG RD #A Address TAMPA, FL 33610 City/State and Zip Code LIZ@LIZMONEYMAKERLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ELIZABETH MONEYMAKER Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW VISION PLUMBING AND MECHANICAL 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 L	iability Company were filed on $rac{N}{2}$	1AY 22, 2009 and assigned
Florida document number 1.09000049932	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company l	<u>oere</u> :
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 applie	eable:	
(Principal office address MUST BE A STREE		
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addressed		records, enter the name of the new registered
Name of New Registered Agent:	ER	
New Registered Office Address:	2429 CENTRAL AVE, SUITE 2	206
	orida strect address	
	ST. PETERSBURG	Florida <sup>33713</sup>
	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 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.

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LISA MCKNIGHT	5307 N. FALKENBURG RD, #A	<b>≘</b> Add
		TAMPA, FL 33610	□Remove
			□Change
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ective date, if other than the effective date is listed, the date mi	ne date of filing:	to date of filing or more th	(optional) an 90 days after filing.) Pursua	nt to 605.020
te: If the date inserted in this b	block does not meet the applic	able statutory filing req	airements, this date will no	t be listed a
nument's effective date on the I	Department of State's records.			
record specifies a delaye	ed effective date, but no	t an effective time	at 12:01 a.m. on the	e earlier o
he 90th day after the re		c arrective time,		
44.00	2024	•		
ed JUNE 12	2020			
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	Signature of amember or author	frized representative of a r	nember	<del>.</del>

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Filing Fee: \$25.00