

LOG 0000 67319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

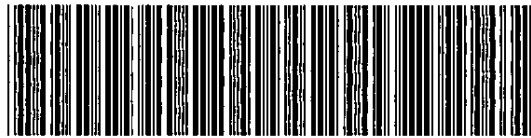
(Business Entity Name)

(Document Number)

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09/10/09--01013--009 \*\*25.00

FILED  
09 SEP 25 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
SEP 28 2009  
EXAMINER

S. HAWKES  
~~SEP 17 2009~~  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2009

REBECCA TAYLOR  
417 STOWE AVE SUITE A  
ORANGE PARK, FL 32073

SUBJECT: ALL HOURS PLUMBING, LLC  
Ref. Number: L09000067319

We have received your document for ALL HOURS PLUMBING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 009A00030221

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL HOURS PLUMBING, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REBECCA TAYLOR

Name of Person

BUSINESS SUPPORT INC.

Firm/Company

417 STOWE AVE SUITE A

Address

ORANGE PARK, FL 32073

City/State and Zip Code

REBECCA@BIZSUPPORTINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA TAYLOR

Name of Person

at ( 904 )

874-4061

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

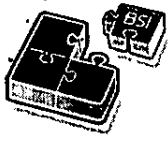
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



**BUSINESS  
SUPPORT** INC.

417 Stowe Ave, Suite A, Orange Park, FL 32073

Toll Free: **(800) 373-1833**

Local: **(904) 264-1289**

Fax: **(904) 264-1290**

E-mail: [info@bizsupportinc.com](mailto:info@bizsupportinc.com)

[www.bizsupportinc.com](http://www.bizsupportinc.com)

9/24/2009

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Articles of Amendment & Foreign Registration

Enclosed are the articles of amendment / foreign registration documents for the following client(s).

- ALL HOURS PLUMBING, LLC/JOHN WIDING

If you have any questions, please contact me at 904-264-1289.

Thank you,

Rhonda Waddill

Enclosures

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ALL HOURS PLUMBING, 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 JULY 13, 2009 and assigned Florida document number L09000067319.

**FILED**  
09 SEP 25 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

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 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

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

Title	Name	Address	Type of Action
_____	_____	_____	<input 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
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE

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

PLEASE CHANGE THE NAME OF THE MANAGING MEMBER FROM  
JONATHAN R WIDING TO JOHN R WIDING.

Dated SEPT. 21, 2009

X John R Widing  
Signature of a member or authorized representative of a member  
JOHN R WIDING  
Typed or printed name of signer