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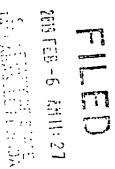
(Requestor	s Name)
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PICK-UP	WAIT MAIL
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(Document	Number)
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## **COVER LETTER**

**3**0,

TO:

Registration Section

Division of Corporations	
SUBJECT: APT ACTION Plumbing CLC 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:	
CHERI W HITE Name of Person	
OPT ACTION Plumbing	LLC
1665 FRI day PCL	
COCOU FU 32921 City/State and Zip Code	6
E-mail address: (to be used for future annual report notification	2 c quail com.
further information concerning this matter, please call:	2013
	4116 Phone Number 200 6
losed is a check for the following amount:  \$25.00 Filing Fee  \$\Bigsim \text{\$30.00 Filing Fee & }\Bigsim \text{\$55.00 Filing Fee & }\Bigsim \text{\$55.00 Filing Fee & }\Bigsim \text{\$25.00 Filing Fee & }\Bigsim \$25.00 F	7560.00 Filing Fee:
Certificate of Status Certified Copy (additional copy is enclosed)	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

Name of the Limited Liability Company	as it now appears on our records )
(A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u> </u>	vere filed on $\frac{2000}{2000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty 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:	CHERI WHITE
Principal office address MUST BE A STREET ADDRESS)	Coura Fl.) 32926
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX</u> )	
If amending the registered agent and/or registered office sistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ren White
	10 City Storida 32926 Zip Code

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

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is giled to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	inager ithorized Member		
<u>l'itle</u>	Name	Address	Type of Action
Pres.	Chery WHITE	1665 FRIday rd- Cocoa FL 32926	<b>&amp;</b> Add
		Cocoa Fl 32926	Remove
	^		El Change
J.6	Loxy WHITE	1665 Friday vol Cocoa FL 3292	PAL
		Cocoa FL 3292	☐ Remove
			D Change
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If the da	ite inserted in	In the date of filing the must be specific and this block does not re the Department of S	g: 2-4- Il cannot be prior to date oneet the applicable state's records.	201 <sup>9</sup> 7 Etiling or more than 9 tutory filing require		g.) Pursuant to 605.0
		layed effective on the control of th	date, but not an e	ffective time, at	12:01 a.m.	on the earlier
	2-01		2019			
		Signature of S	Alli Q W member or authorized re	hita		
		Signature of a	member or authorized re	presentative of a mem	Det	

Page 3 of 3

Filing Fee: \$25.00