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COVER LETTER

TO:

TO:	Registration Division of	n Section Corporations		,		
SUBJI	ECT:	United Plui	mbing Solutions	s, LLC		
		Name of Li	mited Liability Compan	ny		
The en	nclosed Articles	s of Amendment and fee(s) are	submitted for filing.			
Please	return all corre	espondence concerning this mat	ter to the following:			
F			Paul Shaughne	ssy		
			Name of Leison			
Unite			ed Plumbing Solut	tions, LLC		
			Firm/Company			
			PO Box 1827	7		
			Address			
		p	alm City, FL 3499	1-6827		
			City/State and Zip Co			
	} \^	unit	edplumbing@bells :: (to be used for future ann	south.net	1.	
For fur	ther information	on concerning this matter, please	e call:	nual report notifica	ation)	
	D	aul Shoughposov	770	,	40-8468	
		aul Shaughnessy ne of Person	at (772) Area (Telephone Number	
Enclos	ed is a check for	or the following amount:				
₹ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Cop (additional co		Certified	e of Status &
·* ,	Reg Div P.O	ALING ADDRESS: cistration Section ision of Corporations Box 6327 lahassee, FL 32314	Regi Divis Clifto 2661	EET/COURIE stration Section sion of Corporat on Building Executive Cent thassee, FL 3230	ions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAY 17 AM II: 56

		CST AM II: 56	
United Plumbing	Solutions, LLC	SECRETARY OF STATE	
United Plumbing (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our i Liability Company)	PECONODA:	
		•	
The Articles of Organization for this Limited Liability Company	were filed on <u>January</u>	19th 2010 and assigned	
Florida document numberL1000006449			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit" (L.L.C."	ited Liability Company," the do	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2659 NE Dixie Hwy		
(Principal office address MUST BE A STREET ADDRESS)	Jensen Beach, FL 34957-5825		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, <u>enter the name of the new</u>	
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 **Address Type of Action Title Name** MGR Walter Peregory 374 NW Camrose St. √ Add Port St. Lucie, FL 34983 Remove Joshua Hillock MGR ✓ Add✓ Remove 1743 Bush Ct. Orlando, FL 32828 □Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AM III May 12th. Dated Signature of a member or authorized representative of a member Paul Shaughnessy Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00