Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ZIES, WIDERMAN, SUTCH & MALEK,

Account Number: I20030000045 Phone : (321)255-2332 Fax Number : (321)255-2351

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IT'S BETTER PLUMBING, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H10000265063 3

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO

TO
ARTICLES OF ORGANIZATION
OF

IT'S BETTER PLUMBING U.C.

(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Lie	ability Company	were filed on	06/23/2010	and assigned
Florida document numberL10000066	<u>857 </u> .			
This amendment is submitted to amend the follo	wing:			DEC -9
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	AR S
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "l	LC Sorthe abbreviation
Enter new principal offices address, if applica	ıble:	1434 Normar	Street NE	
(Principal office address MUST BE A STREET ADDRESS)		Suite 101		
		Palm Bay, Fl	orida 32903	,
Enter new mailing address, if applicable:		1434 Normar	Street NE	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 101		
		Palm Bay, Fl	orida 32903	
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Angela Mor	an		
New Registered Office Address:	1434 Norma	an Street NE, S	uite 101	
Variable Control (Income Control Contr	Enter Florida street address			
		Palm Bay	, Florida	32903
		City		Zip Code
New Registered Agent's Signature, if changing B	legistered Agent:			

Page 1 of 2

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 of oddress. I hereby confirm that the limited liability

MGR = Manager

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:

MGRM = Ma	naging Member					
<u>Title</u>	Name	Address	Type of Action			
MGRM	THANH VO	2741 CHARTRES AVENUE MELBOURNE EL 32935	Add Remove			
MGRM	Barbara Balmer-Bonilla	625 CONCORD STREET NE PALM BAY FL 32907	Addition The Reserve			
· (100 - 10			-9 Addove 5			
			Add Remove			
			Add Remove			
	4.1,1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Add Remove			
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_			
			_			
Dated	December 9 201	d miorar				
		radithorized representative of a member ngela Moran	•			
	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00