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SECRETARY OF STATE PALLAHASSEE, FLORID

D. BRUCE
OCT 1 1 2010
EXAMINER

COVER LETTER

•	
TO: Registration Section Division of Corporations	•
SUBJECT: RD Professional Plymbing LLC	
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:	
Robert Delycea	
Name of Person	
311 N. E 103 Col 51	
311 N.E 103 rel 51- Migmi Shores, FL 33138	10 Տեր
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	Sign Con [
For further information concerning this matter, please call:	
at ()	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L10000</u>/02 384 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PROFESSIONAL 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

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.

City

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 Mahaging Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
	_		Add Remove	
			Add Remove	
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D. If ar	Just Change the	(s) here: (Attach additional sheets, if necessary.) (Urpoiate Aaml) Protissional Plumbin		
	'KD Protessional	Jervice)	F 10 OCT -	
Dated _	10-7-09, V	- Selvcer	FILED OCT -8 PH J: 1 CRETARY OF STAT LAHASSEE, FLORII	
	Hober	or authorized representative of a member Or printed name of signee	Dr.	

Page 2 of 2

Filing Fee: \$25.00