Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H130001032543ABCT

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LICENSES ETC INC

Account Number : 120070000159

; (239)777**-**1029

Fax Number

: (877)275-3593

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

Email Address: etc@licensesetc.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCED SERVICE BY JAMES CALVERT L.L.C.

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$60.00 |

J. SAULSBERRY EXAMINER

## **COVER LETTER**

Registration Section

(((H13000103254 3)))

TO: Division of Corporations

ADVANCED SERVICE BY JAMES CALVERT L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for fifting.

Please return all correspondence concerning this matter to the following:

| Lisa Adams   |
|--|
| Name of Person   |
| Licenses, Etc.   |
| Firm/Company   |
| 886 110th Ave. N. #6   |
| Addresa  |
| Naples, FL 34110   |
| City/State and Zip Code  |
| etc@licensesetc.com  |
| E-mail address; (to be used for future annual report notification) |

For further information concerning this matter, please call;

Lisa Adams

Name of Persun

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status **\$55.00** Filing Fee & Certified Copy (additional copy is enclosed) \$\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURTER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, FL 32301

(((H130001032543)))

## ARTICLES OF AMENDMENT

(((H130001032543)))

## ARTICLES OF ORGANIZATION OF

| ADVANCED SERVICE BY JAMI  |   |           |             |                                       |
|---|---|-----------|-------------|---------------------------------------|
| (Nume of the Limited Lighility<br>(A Florida  | y Company as it now appears on our records.) Limited Liability Company) |           | _           |                                       |
| The Articles of Organization for this Limited Liability (   | Company were filed on 1/28/2011   | and       | d assign    | 1ed                                   |
| Florida document number L11000011934  | <u>-</u>  |           |             |                                       |
| This amendment is submitted to amend the following:   |   |           |             |                                       |
| A. If amending name, enter the new name of the lim  | nited liability company here:   |           |             |                                       |
| Advanced Plumbing Solutions & Design L.   |   |           |             |                                       |
| The new name must be distinguishable and end with the wo  | ords "Limited Liebility Company," the designation                       | *LLC" or  | the abb     | reviution                             |
| Enter new principal offices address, if applicable:   |   | 至         | 2013        |                                       |
| (Frincipal office address MUST BE A STREET ADD  | RFSS)   | Esp Si    | HA.         |                                       |
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|   |   | 774       | J           | j.                                    |
| Enter new mailing address, if applicable:   |   | <u> </u>  | Ē           | Γ1°<br>—=-                            |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | 变型        | Ğ.          | · · · · · · · · · · · · · · · · · · · |
|   |   | 19 (F)    | )5          |                                       |
| B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent: |   | the nar   | ne of       | the new                               |
| New Registered Office Address:  |   |           |             |                                       |
|   | Enter Florida street ac   | ldress    |             |                                       |
|   | , Florida, Florida  |           |             |                                       |
|   | City  | Zip       | Code        |                                       |
| New Registered Agent's Signature, if changing Registere   | ed Agent:   |           |             |                                       |
| Thereby accept the appointment as registered agent  | t and narry to act in this canacity. I further a                        | aree to i | zumlu       | 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 Rability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

(((H130001032543)))

| or Managi    | ny Member being added or removed fro | he title, name, and address of each Manager<br>(((H13000103254 3))) |   |
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| MGRM =       | Managing Member                      |   |   |
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James Calvert
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Page 3 of 3

Pilling Fee: \$25.00

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