## 11/000085418

(Requestor's Name)
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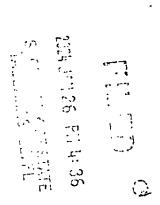
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## **COVER LETTER**

TO:

**Registration Section** 

Divi	sion of Corp	porations			
		e-Lining Solutions, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub- indence concerning this matter			
	,		2		
		Michael Larson			
			Name of Person	<del></del>	
		Florida Pipe-Lining Solution	ons, LLC —		
			any() why		
		8223 Blaikie CT		•	
			Address		
		Sarasota, FL 34240			
			City/State and Zip Code		
		mlarson@fixmyleaks.com			
		E-mail address: (	to be used for future annual report notif	ication)	
For further in	formation co	oncerning this matter, please co	all:	200	
Michael Lar	son		941 308-5325 at ( )		
	Name of	l Person		e Telephone Number	
Enclosed is a	check for th	e following amount:		100 =	•
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Control Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mai</u>	ling Address	<u>s:</u>	<u>Street Address:</u>		
Registration Section			Registration Sec		
		orporations	Division of Cor The Centre of T		
	). Box 632 Iahaeene F			arranassee e Street Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Pipe-Lining Solutions, LLC			
(Name of the Limite	ed Liability Compa A Florida Limited I	ny as it now appears on our recollability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Lia Florida document number L11000085418	ability Company	were filed on 7/25/2011	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wa	ords "Limited Liabil	lity Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	8223 Blaikie Ct	
(Principal office address MUST BE A STREE		Sarasota, FL 34240	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE <u>BOX)</u>		8223 Blaikie Ct Sarasota, FL 34240	200
			20 5
B. If amending the registered agent and/or reagent and/or the new registered office addres	• *	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	8223 Blaikie C		
		Enter Florida street ada	Press
	sarasota	<del></del>	Florida 34240
		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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
EVP	Pamela Stolz	8223 Blaikie Ct.	□Add
		Sarasota, FL 34240	≣Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change ☐ Add ☐ ☐ Rempyo
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ective date, if other	er than the date of l, the date must be speci	filing:	e prior to date of t	lling or more than 9	(optional)	Pursuant to	ري
te: If the date insert	ted in this block does ate on the Departmen	s not meet the a	applicable statut	ory filing require	ments, this date	will not be	isted as t
					go (5 ) 2	ont :	a
s filed.	ayed effective date, b	out not an effec	tive time, at 12:	01 a.m. on the ea	rlier of: (b) - In	e 90th day a	tter the
ed January	27		24.				
1							
	Signatur	re of a member of	r authorized repr	sentative of a men	ıber		

Filing Fee: \$25.00