# 11100089190

(Re	questor's Name)	
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#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

## ONE WORLD PLUMBING AND PUMPING SERVICES LLC

SUBJECT:

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:

# FISJERAL PAUL

Name of Person

ONE WORLD PLUMBING AND PUMPING SERVICES LLC

Firm/Company

# 6821 MCCLELLAN STREET

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

## FISJERAL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# **FISJERAL PAUL**

<sub>.</sub>954、218-6

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ONE WORLD PLUMBING AND PUMPING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C Florida document number <u>L11000089190</u>	Company were filed on <u>08/03/2011</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		.,,
Enter new mailing address, if applicable:		<del>_</del>
(Mailing address MAY BE A POST OFFICE BOX)		<del>.</del>
B. If amending the registered agent and/or registered agent and/or the new registered office add	· · · · · · · · · · · · · · · · · · ·	e name of the new
		2
Name of New Registered Agent:	MATERIAL MAT	
New Registered Office Address:		200
	Enter Florida street address	8 S S S S S S S S S S S S S S S S S S S
<del></del>	, Florida	
New Designatured Agent's Cignotum of shoreing Designature	City	An Course
New Registered Agent's Signature, if changing Registere	a Agent.	<b>3</b> 0 <b>8</b>

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
MGR	JOE J MORALES	1540 NE 139TH STREET	Add
		NORTH MIAMI, FL 33161	<b>≡</b> Remove
			□ Add
			Remove
			<del></del> -
		Add	
			Remove
			_
	-		□ Add
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		Somewe	
		JAdd W-9 PM 5: 30	
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			_□ Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the da	te this document is filed by the Florida Department of State)
Dated	MAY 28
	Signature of a member or authorized representative of a member
	FISJERAL PAUL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



# One World Plumbing & Pumping Services LLC 6821 McClellan Street Hollywood, Fl 33024 T: 954-218-6009

May 28, 2014

FR: Fisjeral Paul

To Whom It May Concern,

I would like to request that my tax ID # be added to the articles and be displayed online when anyone searches for my company information. The Tax ID# is: 80-0747273.

Sincerely,

Fisjeral Paul

Managing -Member

2814 JUN-9 PM 5:30