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SECNETARY OF STATE
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## **COVER LETTER**

TO:

то:	Registration Security Division of Corp				
SUBJE	RUSINS LI	LC .			
",	C1;	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		VANYA ANDONOVA			
			Name of Person		
		Firm/Company			
		11444 WESTON COURS	11444 WESTON COURSE LOOP		
			Address		
RIVERVIEW FL 33579-3956					SECO.
City/State and Zip Code anton_florida@abv.bg					经的 N
For furt	her information co	E-mail address: (o	to be used for future annual report notifi all:	cation)	1 PK 12
VANY	A ANDONOVA		954 643-4074 at ()_		2 2 9894
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ussee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ater Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSINS LLC		
( <u>Name of the Limited I</u> (A	iability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liabi	lity Company were filed on 03/30/2012	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
TONY'S PLUMBING SOLUTIONS LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e.	
(Principal office address MUST BE A STREET)		
(Frincipul Office duaress MUST BE A STREET A	ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
		<u> </u>
		る一
B. If amending the registered agent and/or		and the second s
registered agent and/or the new registered office	e address here:	
		ত্রিয় জ
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		•
New Registered Office Address.	Enter Florida street addres	SS -
	I'I	anida
-	City , FI	orida 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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
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766-42 1-4- 26-41	41 41 31-4-	- <i>C C</i> IV			(		
Effective date, if othe fan effective date is listed, Note: If the date inserted document's effective date.	, the date must be spe ed in this block do	ecific and cannot es not meet th	t be prior to dat e applicable s	e of filing or mor	e than 90 days afte	ional) er filing.) Pursuant to 605.02 is date will not be listed a	07 (: as tl
ne record specifies The 90th day afte			but not an	effective tir	ne, at 12:01	a.m. on the earlier	of:
Dated		201	6				
			<u> </u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00