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K. SALY EXAMINER JUN 1 4 2012

## **COVER LETTER**

то:	Registration S Division of Co					
SUBJE	CT:	Veterans	s Plumbing LLC			
0000			ited Liability Company			
The end	closed Articles o	of Amendment and fee(s) are sub	bmitted for filing.			
Please	return all corresp	condence concerning this matter	r to the following:			
Darrin L Trent						
Name of Person						
Veterans Plumbing LLC						
Firm/Company						
	415 West Rossetti Drive					
	Address					
	Nokomis, FL. 34275					
City/State and Zip Code						
	veteran_plumbing@yahoo.com  E-mail address: (to be used for future annual report notification)					
				notification)		
For furt	her information	concerning this matter, please of	call:			
	D	arrin L Trent	at ( 941 )	539-8914		
Name of Person			Area Code & D	aytime Telephone Number		
Enclose	d is a check for	the following amount:				
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Section 10		

**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

FILED 12 JUN 12 PM 2: 38 SEGAL TARY OF STATE

	Veterans P	lumbing LLC	TALLA	IASSEE ESTATE
( <u>N</u> 8	me of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	ars on our records.)	MASSEE, PLORIDA
The Articles of Organization	for this Limited Liability Compar	y were filed on	May 21, 2012	and assigned
Florida document number	L12000068298			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company he	e <u>re</u> :	
	Veteran Plu	mbing LLC		
The new name must be distingu "L.L.C."	ishable and end with the words "Lir	nited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			<del></del>
(Principal office address MU	ST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	••			
	***************************************		, , , , , , , , , , , , , , , , , , , ,	
B. If amending the regist registered agent and/or the	ered agent and/or registered of new registered office address he	office address on ere:	our records, <u>enter th</u>	e name of the new
Name of New Regis	tered Agent:			
New Registered Off	ce Address:			
		E	nter Florida street addr	ess
			, Florida	7: 0 1
		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 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.

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 Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRM Darrin L Trent 415 West Rossetti Dr ☐ Add Remove Nokomis, FL 34275 Darrin L Trent MGR 415 West Rossetti Dr Nokomis, FL 34275 ☐ Remove ☐ Add Remove ∏Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 1 Dated \_\_ Signature of a member or authorized representative of a member Darrin L Trent Typed or printed name of signee

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Filing Fee: \$25.00