04/15/2014 10:5_ API Processing 954_673401 _143 P001
4/14/2014 Division of Corporations

L12000123340

H14-000088888 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H14000088888 3)))

H140000888883ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954) 567-0013
Fax Number : (954) 567-3401

FILED
14 MAR 14 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: annette@apiprocessing.com

RECEIVED
14 APR 15 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RUDY & JIMS PLUMBING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

H14-000088888-3

Page 1 of 6

COVER LETTER

H14000088883

TO: Registration Section
Division of Corporations

SUBJECT: L12000123340
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:

Annette Mota
Name of Person

API Procesing- Licensing
Firm/Company

3419 Galt Ocean Drive, Suite A
Address

Fort Lauderdale, FL 33308
City/State and Zip Code

annette@apiprocessing.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Mota at (954) 567-0013 x10
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

April 15, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RUDY & JIMS PLUMBING LLC
9851 MARTINIQUE DRIVE
CUTLER BAY, FL 33189US

SUBJECT: RUDY & JIMS PLUMBING LLC
REF: L12000123340

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Page 6 to to dark.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000088888
Letter Number: 614A00008008

RECEIVED
14 APR 15 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H14000088883

Rudy & Jims Plumbing 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 Company were filed on 09/26/2014 and assigned Florida document number L12000123340

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

McCalls Plumbing LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14 MAR 14 PM 4:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, **Florida**

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 Changing Registered Agent, Signature of New Registered Agent

H14000088883
Page 3 of 6

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

H14000088883

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

14 APR 14 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000088888_3
Page 4 of 6

H14000088883

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/15/14

Signature of a member or authorized representative of a member

James J. McCall

(Typed or printed name of signee)

FILED
14 APR 14 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00