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02/26/13--01019--004 **25.00



COVER LETTER

	astration.Sed Ision of Corp			
CURTECO	Absolute	Best Plumbing, LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	13F
Please return	all correspon	ndence concerning this matter	to the following:	LAN CB
		Sara Alvarez		6 PH 2: 22
			Name of Person	77.02.22
		Absolute Best Plumb	ping, LLC	RIDE 2
			Firm/Company	<i>Y</i>
		6393 Hoffner Ave		
			 	
		Orlando, FL 32822		
		pinones4622@aol.co		
		E-mail address: (t	o be used for future annual report notificati	ion)
For further in	iformation co	oncerning this matter, please co	all:	
Sara Alva	ırez		407 729-0708	
	Name of	Person	at () Area Code & Daytime Te	elephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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

2/27/13

CORPORATE DETAIL RECORD SCREEN

2:06 PM

NUM: L13000001144 ST:FL ACTIVE/FL LIM LIAB

FLD: 01/03/2013 EFF: 01/01/2013

LAST: LC AMENDMENT FLD:

FLD: 02/26/2013

NAME CHG: 02/08/13

TOTAL CONTR: 0.00

NAME . ARCOLU

: ABSOLUTE BEST PLUMBING, LLC

PRINCIPAL: 6393 HOFFNER AVENUE ADDRESS ORLANDO, FL 32822

RA NAME : ALVAREZ, SARA

RA ADDR : 6393 HOFFNER AVENUE

ORLANDO, FL 32822 US

ANN REP : * NONE FILED *

Varen @ 405-818-3351

1. MENU, 3. MGR/MEM, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

Doub and to 872, 1107

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absolute Best Plumbing, LLC

(<u>Name of the Limited Liab</u> (A Flori	<mark>ility Company as It now appears o</mark> ida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit Florida document number L13000001144		ary 03, 2013 2 and assigned.
This amendment is submitted to amend the following	3:	SEE: FLC. 2:2
A. If amending name, enter the new name of the	limited liability company here:	ORIGINAL PROPERTY OF THE PROPE
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Σ	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
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 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 llability 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>T</u>	TAFYN BROOKS	6393 HOFFNER AVE.	X Add
		ORLANDO, FL 32822	Remove
			Add
			Remove
			\ _Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
		<u></u>	Remove
			Add
			Remove

). If amen	ding any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>		
		
	·····	
 Feb	ruary 25	2013
ated	——————————————————————————————————————	
	Jaia	Clear-
		Signature of a member or authorized representative of a member
	Sara Alvarez	
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00