

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLORIDA SHORES PLUMBING LLC

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Corporate Filing Menu

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COVER LETTER

({(H13000179058 3)))

TO:

Registration Section
Division of Corporations

LORIDA SHORES PLUMBING LLC

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:

Lisa Adams
Name of Person
Licenses, Etc.
Firm/Company
886 110th Ave. N #6
Address
Naples, FL 34108
City/State and Zip Code
etc@licensesetc.com

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

For further information concerning this matter, please call:

Lisa Adams

ູ,₂39、777-**832**1

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

(((H13000179058 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H13000179058 3)))

FLORIDA SHORES PLUMBING LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)	•
(A Florida Limited Didomity		밀
The Articles of Organization for this Limited Liability Company were fi	led on 2/18/2013 and assign	 me⁄dP!™
The Afficies of Organization for this Entitled Enablity Company were in	and ang	MESE -
Florida document number L13000024790		<u></u>
	12	350
This area despet to reducted to several the fallowing.	72	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co-	mnany here:	· 25
An It withouting ample course one seem name of the impress manner on		
	<u></u>	3 <u>*</u>
The new name must be distinguishable and end with the words 'Limited Liab	ility Company," the designation "LLC" or the abl	breviation
"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)		
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of	the new
registered agent and/or the new registered office address here:	, <u> </u>	
Name of New Registered Agent:		,,
New Registered Office Address:		
110,17 - 120,	Enter Florida street address	
	, Florida Zip Code	
City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a	ct in this capacity. I further agree to comply	y with
the provisions of all statutes relative to the proper and complete pe	rformance of my duties, and I am familiar v	vith and
accept the obligations of my position as registered agent as provide	ed for in Chapter 608, F.S. Or, if this docun	nent is
being filed to merely reflect a change in the registered office addre	is, I hereby confirm that the limited liability	ν
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action
MGR	Donald E. Louk		Add
		219 NE 8TH PLACE	Remove
		CAPE CORAL, FL 33909	
			Add
			Remove
			-
			Add
			Remove
			Selvid Selvid
*			AGON OF REMOVED TO
			ORPOR.
	·	·	Zama Sugar
			Remove
			Add
			Remove

		(((H13000179058 3))
D. Hame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	1
_		<u> </u>
		•
•		
•		
-		
Dated		· .
	Signature of a member or suthorized representative of a member	
	Robert G. Louk	
	Typed or printed name of signer	,

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Filing Fee: \$25.00

13 AUG 12 AM 7:52

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