

L13000024790

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LICENSES ETC INC
Account Number : I20070000159
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Fax Number : (877) 275-3593

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

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA SHORES PLUMBING LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

COVER LETTER

(((H13000259119 3)))

TO: Registration Section
Division of Corporations

SUBJECT: L13000024790

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

Name of Person

at (239) 777-8321

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H13000259119 3)))

FLORIDA SHORES 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 02/18/2013
Florida document number L13000024790

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13 NOV 22 AM 10:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: 1401 N. Gator Cr.
Cape Coral, FL 33909
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1401 N. Gator Cr.
Cape Coral, FL 33909
(Mailing address MAY BE A POST OFFICE BOX)

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: DONALD E. LOUK

New Registered Office Address: 1401 N. Gator Cr.

Enter Florida street address

Cape Coral, Florida 33909
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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Donald E. Louk	1401 N. Gator Cr. Cape Coral, FL 33909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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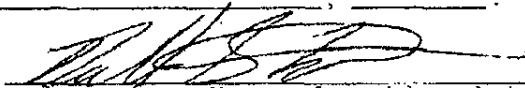
(((H13000259119 3)))

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

Robert Louk, MGRM, needs his address updated as
a Manager Member of the organization. Please update
his address to be: 1401 N. Gator Cr.

Cape Coral, FL 33909

Dated November 22, 2013



Signature of a member or authorized representative of a member

Robert Louk

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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