

L13000026680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/06/13--01025--016 **25.00

MAY 16 2013
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2013

STANLEY GASTON
4689 LUCERNE LAKES BLVD. EAST #201
LAKE WORTH, FL 33467

SUBJECT: DRAIN WIZARD, LLC
Ref. Number: L13000026680

We have received your document for DRAIN WIZARD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing member.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 913A00011145

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Drain Wizard, 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:

Stanley Gaston

Name of Person

Drain Wizard, LLC

Firm/Company

4689 Lucerne Lakes Blvd. East #201

Address

Lake Worth, FL 33467

City/State and Zip Code

drainwright4u@gmail.com

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

For further information concerning this matter, please call:

Stan Gaston

Name of Person

at (**561**) **202-7027**

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

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

Drain Wizard, 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 February 19, 2013 and assigned Florida document number L13000026680.

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 "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 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 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------------|---|
| MGR | George C. Peck,MD | 11907 Turtle Beach Rd | <input checked="" type="checkbox"/> Add |
| | | North Palm Beach, FL 33408-2936 | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: - (Attach additional sheets, if necessary.)

George C. Peck M.D. 20%

Lucia Handlon 10%

Debra Favre 10%

Dated April 30, 2013



Signature of a member or authorized representative of a member

Debra Favre

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00