## 13000047386

, (Re	equestor's Name)	
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T. HAMPTON

## **COVER LETTER**

Division of Gorporations
SUBJECT: Cherobee Punding of Florida, 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:
Holly Bruno office Manager
Cherother Pumping of Florida, LLC
4511 Nova Drive #285
Davie, Florida 33317 City/State and Zip Code
Cheroheepumpfl Daol. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Holly Bruso at (954 551-1171) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Registration Section

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

Cherohee Pumping of Florida 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 Com-	npany were filed on 3 29 3013	and assigned
Florida document number <u>L1300047384</u> .		SECRETA ISION OF
This amendment is submitted to amend the following:		- COS 0
A. If amending name, enter the new name of the limited	d liability company here:	PORATOR PORATOR
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
. •		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Registered A	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 Title **Name Address Type of Action** 5559 Headgates MGRM Todd L Morgan Hamilton, OH 45011 Dan Barter 1200 Holiday Dr., Unit 20 Add

Ft. Landerdale, FL 33201 Remove MGRM Remove Remove

If amending an	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
<del></del>	
d June	<u> 38</u> <u> </u>
	MILLINE
	Signature of a member or suthorized representative of a member
	ToddL. Morgan Typed or printed name of signee
	Duga 2 of 2

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF COMMUNICATION OF COMMUNICATI