

L13000075980

Florida Department of State
Division of Corporations
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(((H18000201396 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PEDRO LOZQUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-6807

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ERNIES PLUMBING AND SERVICES LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL 11 AM 11:52

RECEIVED

2018 JUL 11 AM 11:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERNIES PLUMBING AND SERVICES 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:

ERNESTO MUNGUIA

Name of Person

Firm/Company

1950 SW 122ND AVE SUITE # 101

Address

MIAMI, FL 33175

City/State and Zip Code

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

For further information concerning this matter, please call:

PEDRO LUZQUINOS

Name of Person

954 655-8413
at ()
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

H180002017963

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

ERNIES PLUMBING AND SERVICES 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 05/24/2013 and assigned
Florida document number L13000075980

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 contain 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)

2416	JUL	11	AM	11:51
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2416	JUL	11	AM	11:51
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANIBAL M MUNGITA	1950 SW 122ND AVE # 101	☒ Add
		MIAMI, FL 33175	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

2018 JUL 11 AM 11:51

F. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing.)
Note: If the date is not specified, the date of filing will be the effective date.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JULY 11 2018

F. Munro

Signature of a member or authorized representative of a member

ERNESTO MUNGITA

Typed or printed name of signer