# L13000105441

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fakt, March)
(Business Entity Name) L13 - 105441
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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12/18/13--01024--003 \*\*35.00

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January 16, 2014

IVETT RODRIGUEZ 305 E 4TH STREET, UNIT 101 SANFORD, FL 32771

SUBJECT: REPAIR AMERICA PLUMBING SERVICES, LLC

Ref. Number: L13000105441

We have received your document for REPAIR AMERICA PLUMBING SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 114A00001106

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Repair	r America Name of Limit	Plumbing Se	ruice, LLC
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ice concerning this matter to	o the following:	
-		te Rodriguez	
• -	Repair	America Plu Firm/Company	mrbig Service
-	305 E	44h St Unit 10	<u>/</u>
-	San	For de PL 3277 City/State and Zip Code	
_		Confamanera	
For further information conce	rning this matter, please ca	H:	
1 wette Ro	driguez	at ( <u>407</u> ) <u>688</u> - Area Code Daytime	-23 / 7 Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	\$30.00 Fifing 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

FILED 2813 DEC 18 PM 12: 39

	OF	Schwijker of Sinif
Ropan A	merica Plumbia	Service Services
(Name of the Limi	ted Liability Company as it now appears onlo (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited L Florida document number <i>L_/3000/</i>		25 13 and assigned
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and end with the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
	****	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	<del></del>	
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our	records, enter the name of the new
Name of New Registered Agent:	I wette PRod	rigus
New Registered Office Address:	175 Middle /	It, Unit 1251
	Lake Mary Enter Florida str	eet audress , Florida32_746 Zip Code
	Sony	inp conc

### 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member,		
<u>Title</u>	<u>Name</u>	Address	Type of Action
ngr	Kathy Woodward	175 Middle St Brit 1251 Lake Wary, FT 32746	🗆 Add
		Luke Mary, FT 32746	☐ Remove
mgr	Thethe Rodrigues	175 Middle St. Unit 12 Luke Mary, Pl. 32740	
		Luke Mary, Pl. 3274	/ ☐ Remove
			□ Remove
			□ Add
			□ Remove
		<del></del>	Add
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fective date	, if other than the date of filing must be specific, cannot be prior to do ment is filed by the Florida Departmen	ate of receipt or filed date and cannot	( <b>optional</b> ) of be more than 90 days after
fective date this doc	must be specific, cannot be prior to da	ate of receipt or filed date and cannot	(optional) or be more than 90 days after
Tective date	must be specific, cannot be prior to da	ate of receipt or filed date and cannot	of be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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