## L14000109383

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
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Special Instructions to Fi	iling Officer:	





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J. HARRIS

## COVER LETTER

TO:	Registration Sec Division of Corp			
SUB	IDOT.	nbing Services, LLC		
			ted Liability Company	
		Amendment and fee(s) are subradence concerning this matter to	-	
		Matthew Thompson, Esq.		
			Name of Person	
			Firm/Company	
		1226 N. Tamiami Tr., Suite	302	
			Address	
		Sarasota, FL 34236		
			City/State and Zip Code	
		accounts@mainstreetcorps.c		
		E-mail address: (t	o be used for future annual report notific	cation)
For f	urther information co	ncerning this matter, please ca	11:	
Matt	hew Thompson, Esq.		941 554-4393	
	Name of	Person	at ()	Telephone Number
			·	·
Encl	osed is a check for the	e following amount:		
<b>=</b> 5	325.00 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

County Plumbing Services, LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C	Company were filed on July 10, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.~/
Principal office address MUST BE A STREET ADDI	RESS)	ို္င္တဲ့ တိ
		27 E
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
		2 2
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		<del> </del>
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
MGR	Justin Bywaters	3054 49TH STREET	
		Sarasota, FL 34234	■ Remove
			☐ Change
MGR C	Clyde Bywaters	3054 49TH STREET	Add
		SARASOTA, FL 34234	□ Remove
			Change
			Add
			Remove
		<del> </del>	Change
			Add
			Remove
		<del></del>	E 27 AM
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			C) Change

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Note:	tive date, if other than the date of filing:  [coptional]  Rective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date in the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Date:	July, 20 2015
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dignature of a member or authorized representative of a member
	Street, of a manufactor multiported return of a manufactor
	Signature to a frequent of authorized representative of a memori

Page 3 of 3

Filing Fee: \$25.00

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