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14 SEP 25 PH 3: 34
SECRETARY OF STATE

SEP 3 0 2014 T. HAMPTON September 22, 2014

Division of Corporations Attn: Registration Section P.O. Box 6327 Tallahassee, FL 32315

Re: Flow Control Plumbing, LLC

L14000124812

Dear Sir/Madam,

Enclosed please find our request to add Tina M. Barnhill as an Authorized Member of Flow Control Plumbing, LLC. Enclosed you will find the required paperwork along with our check # 3006 in the amount of \$ 25.00. If you have any question or require additional information please do not hesitate to contact our office.

Yours truly,

Tina M. Barnhill Registered Agent

Flow Control Plumbing, LLC

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	Flow (Control Plumb	ing, LLC		
50101		Name of Limit	ted Liability Company		•
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please	return all correspond	dence concerning this matter t	o the following:		
		Jason Barnh	ill		
			Name of Person		
			Firm/Company	-	_
		5280 Deer C	reek Drive		
			Address		_
		Pace, FL 32	571		
		5	City/State and Zip Code		
		flowcontrol@att.n	et o be used for future annual re	port notification)	-
For fur	ther information cor	ncerning this matter, please ca		F	
	a M. Barı		_{at} (850 ₎ 20	7-0564	
	Name of I		at (Area Code)	Daytime Telephone Numb	 per
Enclos	ed is a check for the	following amount:			
⑤ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifi (sed) Certifi	Filing Fee, cate of Status & ed Copy nal 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

Flow Control Plumbing, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L/4.000/248/2</u> .		14 and assigned
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	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEC SEC
(Principal office address MUST BE A STREET ADDRESS	S)	是
		55.50
		FIG. PR
Enter new mailing address, if applicable:		For 60
(Mailing address MAY BE A POST OFFICE BOX)		RAT 3 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	C. Fl. H. H.	
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•	-7
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capacity. I further to tolete performance of my duties, and I at t as provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager '
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Tina M. Barnhill		■ Add
<u>.</u>		Pace, FL 32571	
			Remove
			Add
			□ Remove
•			·=f.m., m
			AGE AGE
			Remove
			TOPE OF THE
			PH 3:
			AGE SEPONS PH 3: 34 ALLAHASSEF, FLOREDA
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e date this document is filed by the Florida De	of filing: ior to date of receipt or filed date and contact of State)	(optional) cannot be more than 90 days after
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ffective date, if other than the date of the effective date must be specific, cannot be price date this document is filed by the Florida Defated Signature.	of filing: ior to date of receipt or filed date and control of State) partment of State) The of a member or authorized representations of the control of t	

Page 3 of 3

Filing Fee: \$25.00

14 SEP 25 PH 3: 34
SECRETARY UF STATE
TALL AHASSEE, FLORIDA