

L14000152780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

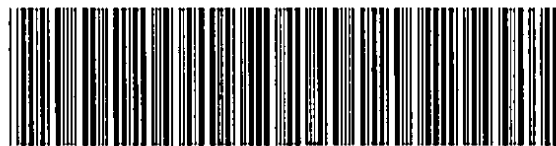
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S. YOUNG
AUG 14 2018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 10 PM 6:31

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Plumbing & Restoration, 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:

Marcella Stanley
Name of Person

Alliance Plumbing & Restoration, LLC.
Firm Company

8078 Dillman Rd
Address

West Palm Beach, FL 33411
City/State and Zip Code

alliancemarcella@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcella Stanley at (561) 784-9135
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Alliance Plumbing & Restoration 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 9/30/14 and assigned
Florida document number L14000152780.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Charlotte Williamson

New Registered Office Address:

N/A

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.

Charlotte Williamson

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	Leo E. Sauer	8096 Dillman Rd.	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Charlotte Williamson	8096 Dillman Rd.	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jon E. Stanley	5871 Purdy Ln.	<input type="checkbox"/> Add
		West Palm Beach, FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
X	X		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
X	X		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
X	X		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FLORIDA

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

Ownership % will from this day forth
be as follows.

Charlotte Williamson - 51% of shares

Leo E. Sauer - 1% of shares

Jon E. Stankey - 48% of shares

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E. 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 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 6, 2018.

Charlotte Williamson

Signature of a member or authorized representative of a member

Charlotte Williamson

Typed or printed name of signer