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K.SALY EXAMINER JUL 13 2015

### **COVER LETTER**

Division of Corporat		
SUBJECT:	Maintenance + Drain Cleaning Name of Limited Liability Company	1,1,5
•		
The enclosed Articles of Amen	ndment and fee(s) are submitted for filing.	
Please return all correspondence	ce concerning this matter to the following:	
	Pan Fie Forster	
	Firm/Company	
	12048 Savecio In Jarksonville Address	
	F1. 32225 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information concern	ning this matter, please call:	
Paul Elic F	on Area Code Daytime Telephone Number	_
Name of Perso	on Area Code Daytime Telephone Number	
Enclosed is a check for the foll	lowing amount:	
□ \$25.00 Filing Fee □	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	tatus &

#### 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

Eli

Zip Code

OF	2015 W. LED
(Name of the Limited Liability Company (A Florida Limited Liability Company)	Drain Clean no all C. A411:54  ability Company)  2015 JUL - 9  A411:54  Ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on $3/6/2015$ and assigned $\sqrt{2015}$
Florida document number <u>LISOOOO 412 of</u> .	· · · j
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	<del></del>
Enter new principal offices address, if applicable:	12048 Saucro la Jectseoville
(Principal office address MUST BE A STREET ADDRESS)	fl. 32225
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Process Fig. 11. Annual of House
	Enter Florida street address
$\cdot$	Florida

#### 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.

City

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 = Ma AMBR = Au	nnager ithorized Member		FILED
<u>Title</u>	<u>Name</u>	<u>Address</u>	20/5 JUL -9 Type of Acti  TALLAHASSEE. FLORIDA  Remove
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fective date, if other than the date of filing:	(optional)
ote: If the date inserted in this block does not meet the a	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's re-	cords.
record specifies a delayed effective date, but	ut not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
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ated 7-7-15	
	r authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00