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SECRETARY OF STATE

AUG = 6 2015 T. HAMPTON

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: Comp	lete Plumbing Name of Limite	Restoration	L,L,C,	
	Name of Linux	ей главину Сопрану		
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	Timo	thy Spiva		
		Name of Person		
	Complete Pl	lumbing Resto	ration L.	<u>L.C.</u>
	10110 NE 14	+h S +		
		Address		
	Silver Sprin	us FL 34488	?	
		City/State and Zip Code		
	CPRPLUM E-mail address: (to	BINGLLC Egman be used for future annual re	il.Com	
For further information cond	cerning this matter, please cal	l:		
Timothy Sp	erson	at (35 Z)	615-1290 Daytime Telephor	ne Number
			F	
Enclosed is a check for the f	following amount:			
□ \$25.00 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

Complete Plum	bing Restoration L.L.C	•
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document numberL 150000 52354	pany were filed on 3/24/15	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 contain the words "Limited 1	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	SW OI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG -5 AM II 26 ORE ASSEE FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	Zip Code
New Desistand Asset) Circuture if thereing Desistand As	·	•

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>Name</u>	Address	Type of Action
Tracy CSpiva	10110 NE 14th St	
	Silver Springs FL 34488	Remove
		Change
Thomas B. Davidson	10156 NE 14th St	
	Silver Springs, FL 34488	□ Remove
		Change
Cody R. Spiva	10110 NE 14th St	X ∧dd
	Silver Springs, FL 34488	Remove
		Change
Thomas B. Spiva	10110 NE 14th St	X Add
	Silver Springs, FL 34488	☐ Remove
		☐ Change
Brighid M. Spiva	10110 NE 14th St	 \ X \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
J	Silver Springs, FL 34488	Remove
		Change
		SECO Add
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	Thomas B. Davidson Cody R. Spiva Thomas B. Spiva Brighid M. Spiva	Thomas B. Davidson Thomas B. Davidson Thomas B. Davidson Tournelly the St Silver Springs, FL 34488 Cody R. Spiva Tournelly the St Silver Springs, FL 34488 Thomas B. Spiva Tournelly the St Silver Springs, FL 34488 Brighid M. Spiva Tournelly the St Silver Springs, FL 34488

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ated <u>Augus</u>	e date must be specific and cannot be prior to date of filing or more than 90 c in this block does not meet the applicable statutory filing requirement on the Department of State's records. delayed effective date, but not an effective time, at 1	ents, this date will not be listed as
	1 2015.	
	Heacy Chair	15 SECTAL
	Signature of a member or authorized representative of a membe	
	Tracy C Spiva Typed or printed name of signee	25.55 25.55
	/ Typed or printed name of signee	AH II: 20 OF STAT FE. FLORI
	Page 3 of 3	I: 26 STATE LORIC

Filing Fee: \$25.00