Division of Corporations

Page 1 of 4

Electropic Filing To Jersey 148

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000053083 3)))



H170000530833ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : 120110000069

Phone : (954)567-0013

Fax Number : (954)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Knail Addresskathy@apiprocessing.com

117 FEB 24 PM 12: 39

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE STOP HOME, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C BRUCE SEB 27 2017

HO.942 #002

H17000053083 3 Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unc Stop Flome, L.L.C.	
(Name of the Limited Limitity Company as it no (A Florida Limited Liability Co	ombeny)
The Articles of Organization for this Limited Liability Company were file for idea of the following	ed on April 6, 2015 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	IDANY here:
One Stop Plumbing Services, LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "U.C." or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · ·	······································
inter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	Par
	<u></u>
	ASSE 2
3. If amending the registered agent and/or registered office add	iress on our records, enter-the name of the
egistered agent and/or the new registered office address here:	in P
·	
Name of New Registered Agent:	20.24
1007	> > ∞
New Registered Office Address:	Enter Florida streat address
•	Control of the same state of t
	, Florida
City	Zip Code
ew 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

Page 1 of 3

н17000053083 3

HO.942 #003

H17000053083 3

Page 3 of 4
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

Add Remove Change Chan	<u>Title</u>	Name	Address	Type of Action
Change				D Add
				□ Remove
Change				□ Change
Change				
Add Change Chan				□ Remove
Change Change Change Change Change Change Change Change				Change
Change Change Change Change Change				
ALT BAdd ALT BAD AND Remove SSR No Remove Co. DAdd Co. DAdd Co. Change				Remove
Remove Change				Chunge
Remove Change		,	A.S.	Add
Change Change	···		ASSE	Remove.
D Add Co. □ Add □ Remove			المانية والمانية والمانية	D Change
□ Remove			RIDA	F O
				
☐ Remove				
□ Change				

Page 2 of 3

II1 7000053083 3

		-	÷	*	
• • • • • • • • • • • • • • • • • • • •					
					
		•			
				<u> </u>	_
<u></u>	<u>. </u>				
				<u> </u>	[·
) 00	
			· · · · · · · · · · · · · · · · · · ·		
			•		
				•	
				 	
<u>Nate:</u> If the date document's effec	f other than the date of filing aliased, the date must be specific and faceful to the block does not a five date on the Department of Stiffes a delayed effective of	eet the applicable statutory fit late's records.	ing requirements, this d	aie wiit noi de neich er	tine
The 90th da	after the record is filed.				
Dated /	Febraury 24,2017				
<u>/</u>	O Signoture of a	nember or authorized representati	Vc of a mumber		
	•	Robert Allgeo			
	,	Typed or printed name of signer			
		Page 3 of 3	นา	7000053083	4

H17000053083 3

Filing Fee: \$25.00