# 115000083773

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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corpor		• ,	
SUBJECT: H &	PLUMBING C	ONTRACTORS LL d Liability Company	_C
The enclosed Articles of Am	endment and fee(s) are submit	tted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	WALTER	HOLDKAI, JR.	
		Name of Person	
19 November 19			
ब्रह्मा कर्ने हुए हैं।		Firm/Company	
	141 MAYF	FLOWER DRIVE  Address	
-	,	Address	<del></del>
	BOARDMA	N, OHIO 4451Z	
		City/State and Zip Code  OR amail.com	
-		be used for future annual report notification	on)
For further information cond	perning this matter, please call	:	
	HOLOKAI, JR.		33
Name of Po	erson	Area Code Daytime Tele	ephone Number
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

HE'S PLUMBING CONTRACTORS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	on5-1Z-2015 and assigned
Florida document number <u>L 150000837:73</u>	
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 Liability Company," the designation "LLC" or the abbreviation "LLC."  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:  New Registered Office Address:	
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:	PS =
(Principal office address MUST BE A STREET ADDRESS)	
	The same seasons
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent.	
New Registered Office Address:	ter Florida street address
New Registered Office Address:	, Florida
New Registered Office Address:  Entire City	
New Registered Office Address:  Entire	, Florida

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 **Type of Action Title Name Address** WALTER HOLOKAI, JR. 141 MAFLOWER DR. DAdd BOARDMAN, OHIO ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change 8 1-Remove ☐ Change 57 ☐ Add □ Remove \_□ Change

☐ Add

□ Remove

☐ Change

•		change(s) here: (Attach a			_
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If an effective date is Note: If the date i		and cannot be prior to date of filing the meet the applicable statutor	ng or more than 90 days after		
	fies a delayed effective after the record is file	e date, but not an effec d.	tive time, at 12:01	a.m. on the ear	lier of:
Dated	2-8	ter Holeka			
	Wal	ter Holeka	<u>.</u>	AIS 1	
	Signature of	a member or authorized represe	ntative of a member	6 FEB	
<u> </u>	,	Typed or printed name of sign	gnee	SF OF S	177
		Page 3 of 3		3: 57 STATE LORID/	O

Filing Fee: \$25.00