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SEURETARY OF STATE (ALLAHASSEE, FLORID)

K.SALY EXAMINER AUG 1 4 2015

# **COVER LETTER**

Division of Corpo			
SUBJECT:	MACO PLUMBI Name of Limit	NG I TRRIGATI ted Liability Company	ON LLC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	<u>Jaime</u>	R. Massingill Name of Person	<del></del>
		Firm/Company	
	1042 S. V	Address	
	INVERNE	ss, F/ - 34450 City/State and Zip Code	
		edserve epe rom  be used for future annual report notific	
For further information con	cerning this matter, please ca	n:	
Jaime R. Name of F	Mass, Ngill Person	at ( <u>352</u> ) <u>302 · 6</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	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**

	ILED
LACLAHASSE	3 PM 12: 06 OF STATE FLORIDE

	706/3
MACO PLO (Name of the Limited (A	UMBING & IRKIGATION LIGHTARY OF STATE Liability Company as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on 08 /04/20/5 and assigned
Florida document number <u>L 15000 /33/ A</u>	•
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
MAKO PLUMBING: The new name must be distinguishable and contain the wor	TRRIGATION, LLC ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emei Fibriaa Street adare22
	, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	g Authorized Person(s) authorized t from our records:	o manage, enter the title, name, and address of ea	ch person being adde				
MGR = Manager AMBR = Authorized Member		FILED  2015 AUG 13 PM 12: 06 Type of Act					
<u>Title</u>	<u>Name</u>	Address SECRETARY DE CT	Type of Action				
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effective da	e, if other that ate is listed, the da	ite must be spec	ific and can	not be prior t	o date of fili	ng or more tha	an 90 days aft	t <b>ional)</b> er filing.) Pu	rsuant to 605.0207
te: If the d	late inserted in t	his block doe	s not meet	the applica	ble statutoi	y filing requ	iirements, th	nis date wil	l not be listed as
ument's er	fective date on	the Departme	nt of State	's records.					
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Filing Fee: \$25.00