## L15000156295

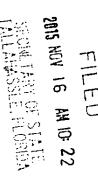
| (Re                     | questor's Name)   |                 |
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| PICK-UP                 | ☐ WAIT            | MAIL            |
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## **COVER LETTER**

|                     | of Corpo   |                                              | Ç.                                                                  |                                                                                            |
|---------------------|------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| GO:<br>SUBJECT:     | NZALEZ     | PUMPING SERVICES LLC                         |                                                                     |                                                                                            |
| SUBJECT.            |            | Name of Limi                                 | ted Liability Company                                               |                                                                                            |
| The enclosed Arti   | icles of A | mendment and fee(s) are subr                 | nitted for filing.                                                  |                                                                                            |
| Please return all c | correspond | dence concerning this matter t               | to the following:                                                   |                                                                                            |
|                     |            | JUAN MANUEL GONZA                            | LEZ                                                                 |                                                                                            |
|                     |            |                                              | Name of Person                                                      |                                                                                            |
|                     |            | GONZALEZ PUMPING S                           | ERVICES LLC                                                         |                                                                                            |
|                     |            |                                              | Firm/Company                                                        | <del>-</del> :                                                                             |
|                     |            | 2846 SW WALLIS AVE                           |                                                                     |                                                                                            |
|                     |            |                                              | Address                                                             | · · · · · · · · · · · · · · · · · · ·                                                      |
|                     |            | ARCADIA, FL 34266                            |                                                                     |                                                                                            |
|                     |            |                                              | City/State and Zip Code                                             |                                                                                            |
|                     |            | regalo 15@yahoo.com                          |                                                                     | • ***                                                                                      |
|                     |            | ·                                            | to be used for future annual report not                             | ification)                                                                                 |
| For further inforr  | nation coi | ncerning this matter, please ca              | all:                                                                |                                                                                            |
| JUAN MANUEI         | L GONZA    | LEZ                                          | 863 990-4048<br>at ( )                                              |                                                                                            |
|                     | Name of    | Person                                       | Area Code Daytin                                                    | ne Telephone Number                                                                        |
|                     |            |                                              |                                                                     |                                                                                            |
| Enclosed is a che   | ck for the | following amount:                            |                                                                     |                                                                                            |
| ■ \$25.00 Filing    | g 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

FILED 2015 NOV 16 AM 10: 22

71 18 4 19 2

SECNETARY OF STATE TALLAHASSEE, FLORIDA

## GONZALEZ PUMPING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability of Florida document number L15000156295                                                                                                                                                                                                                               |                                                                                                                                        | and assigned                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                                             |
| A. If amending name, enter the new name of the lin                                                                                                                                                                                                                                                                            | nited liability company here:                                                                                                          |                                                                             |
| The new name must be distinguishable and contain the words "Lin                                                                                                                                                                                                                                                               | mited Liability Company," the designate                                                                                                | tion "LLC" or the abbreviation "L.L.C."                                     |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                                             |
| (Principal office address MUST BE A STREET ADD                                                                                                                                                                                                                                                                                | PRESS)                                                                                                                                 |                                                                             |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                             |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                                             |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                    |                                                                                                                                        | <u>.                                    </u>                                |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad  Name of New Registered Agent:  New Registered Office Address:                                                                                                                                                            |                                                                                                                                        | records, enter the name of the new                                          |
| New Registered Office Address.                                                                                                                                                                                                                                                                                                | Enter Florida str                                                                                                                      | eet address                                                                 |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        | , Florida<br>Zip Code                                                       |
|                                                                                                                                                                                                                                                                                                                               | ŕ                                                                                                                                      | Zip Code                                                                    |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change | nt and agree to act in this capac<br>complete performance of my a<br>agent as provided for in Chap<br>wred office address, I hereby co | luties, and I am familiar with and<br>ter 605, F.S. Or, if this document is |

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>Title</u> | <u>Name</u>          | <u>Address</u>     | Type of Action |
|--------------|----------------------|--------------------|----------------|
| MGR          | JUAN MANUEL GONZALEZ | 2846 WALLIS SW AVE | Add            |
|              |                      | ARCADIA, FL 34266  | ☐ Remove       |
|              |                      |                    | □ Change       |
|              |                      |                    | □ Add          |
|              |                      |                    | □ Remove       |
|              |                      |                    | Change         |
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|              |                      |                    | □ Remove       |
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|              |                      |                    | ☐ Change       |
|              |                      |                    | Add            |
|              |                      |                    | □ Remove       |
|              |                      |                    | ☐ Change       |
|              |                      |                    | Add            |
|              |                      |                    | Remove         |
|              |                      |                    | Change         |

| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlieb). The 90th day after the record is filed.      |                                                                                                                                                                                                                                                      | ALLANSEE C                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
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| The 90th day after the record is filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                      | ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| David 11 10 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e earlier of:                                                                                                                                                                                                                                        |                                                                                                                                  |
| Dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                      | ated November 10, 2015.                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                      |                                                                                                                                  |
| Signature of a member authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                      | Signature of a member authorized representative of a member                                                                      |

Page 3 of 3

Filing Fee: \$25.00