# L15000188526

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K SALY EXAMINER JAN A

# **COVER LETTER**

	Division of Corp	orations		
SUB	All Plumbin	g, LLC		
5020		Name of Limi	ted Liability Company	
•				
The e	enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Pleas	e return all correspor	idence concerning this matter t	to the following:	
		Charles W. Morris		
			Name of Person	
		All Diversions I.I.C.		
		All Plumbing, LLC		<u> </u>
			Firm/Company	
		202 Turkey Creek		
			Address	· · · · · · · · · · · · · · · · · · ·
		Alachua, Florida 32615		
			City/State and Zip Code	
		allplumbing51@gmail.com		
		E-mail address: (to	o be used for future annual report notific	eation)
For fi	arther information co	ncerning this matter, please ca	ll:	
Charl	les W. Morris		352 .244-5440 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	e following amount:		
<b>₽</b> \$.	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

TO:

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

2015 DEC 30 PK 3:23

All Plumbing, LLC

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

(A Florida Limited	Liability Company)	T.E. F. Oliver	
The Articles of Organization for this Limited Liability Company	were filed on November 2, 2015	and assigned	
Florida document number L15000188526			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2632 NW 43rd Street, Suite 1126		
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, Florida 32607		
Enter new mailing address, if applicable:	2632 NW 43rd Street, Suite 1126		
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, Florida 32607		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		er the name of the	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	7: 0 1	
Non-Desistent Ament's Cinneture if the size Desistent Ament	City	Zip Code	

### 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 th	ie title, name, ai	nd address of eac	h person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph V. Canto	701 SW 62 Blvd., Apt.104	Add
•			Remove
			☐ Change
AMBR	Brennan Buie	9501 SW 91 Ave., Gainesville, Flor 3260	8 ■ Add
			☐ Remove
			Change
		44	Add
			□ Remove
		***	☐ Change
			E A
			mg - m
			Remove
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ective date, if other than the date of	filing:		(optional)	
n effective date is listed, the date must be specificter. If the date inserted in this block does	ic and cannot be prior to not meet the applicab	date of filing or more that le statutory filing requ	n 90 days after filing.) Pu irements, this date wil	rsuant to 605.03 I not be listed
cument's effective date on the Departmen				
record specifies a delayed effecti The 90th day after the record is fi		an effective time,	at 12:01 a.m. on	the earlier
ted December 21  AL C	2015	.•		
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Filing Fee: \$25.00