

L160000009272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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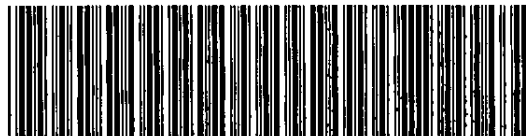
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROOTER SEWER DRAIN MAN, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIO ZUCCARELLI

Name of Person

LOUIS MAMO & COMPANY

Firm/Company

290 S.W. 12TH AVENUE, SUITE #4

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

SILVIO@LMC123.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIO ZUCCARELLI

954 942-1120
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ROOTER SEWER DRAIN MAN, 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 Company were filed on 1/11/16 and assigned
Florida document number L16000009272.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3681 W. OAKLAND PARK BLVD.

LAUDERDALE LAKES, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3681 W. OAKLAND PARK BLVD.

LAUDERDALE LAKES, FL 33311

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:

BARRY M. SICKLES, ESQ.

New Registered Office Address:

10100 W. SAMPLE ROAD, SUITE #408

Enter Florida street address

CORAL SPRINGS

Florida

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 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>	<u>Type of Action</u>
MGRM	CRAIG GOLDSTEIN	3681 W. OAKLAND PARK BLVD	<input checked="" type="checkbox"/> Add
		LAUDERDALE LAKES, FL	<input type="checkbox"/> Remove
		33311	<input type="checkbox"/> Change
MGRM	EDWARD J. BOYLE	3681 W. OAKLAND PARK BLVD	<input type="checkbox"/> Add
		LAUDERDALE LAKES, FL	<input type="checkbox"/> Remove
		33311	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 27 2016

Edward J. Boyle
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

EDWARD J. BOYLE

Typed or printed name of signee