

L16000009272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

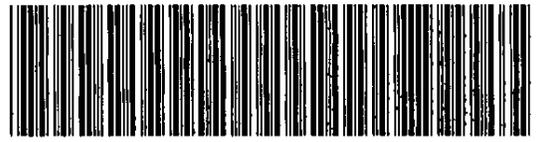
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100285312091

05/05/16--01029--009 **25.00

FILED
16 MAY -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

YOMMER

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 at (954) 942-1120
Name of Person 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**

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 L1600009272.

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:

3681 W. OAKLAND PARK BLVD.

(Principal office address MUST BE A STREET ADDRESS)

LAUDERDALE LAKES, FL 33311

Enter new mailing address, if applicable:

3681 W. OAKLAND PARK BLVD.

(Mailing address MAY BE A POST OFFICE BOX)

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

33069

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 16 MAY -5 AM 11:58
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

