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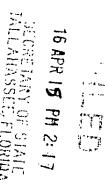
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Special Instructions to	Filing Officer:	





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APR 19 2016 J SHIVERS

## **COVER LETTER**

Division of Co	or por ations	
OTTO LEGGE.	mbing Services LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspondent	pondence concerning this matter to the following:	
	Andres Delgado	
	Name of Person	
	ADC Plumbing Services LLC	
	Firm/Company	
	8117 Elsee Drive	
	Address	
	Orlando, FL 32822	
	City/State and Zip Code	
	delgado8029@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Andres Delgado	407 748-9174	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status	atus &

MAILING ADDRESS:

TO:

**Registration Section** 

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

ADC Plumbing Services LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on February 22, 2016	and assigned
Florida document number L16000036210	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain the words "Limitation of the contain the words "Limitation".	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		میند. ماریخ میراند ماریخ میراند
(Principal office address MUST BE A STREET ADDR	YESS)	0 <b>6</b>
		SS - <b>Ca</b> ( ***
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Elos D
		22.3
B. If amending the registered agent and/or regist		enter the name of the nev
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		·
	Enter Florida street address	
	, Floric	da
	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>	Address	Type of Action
AMBR	Carmen Julia Delgado	8117 Elsee Drive, Orlando, FL 328 22	Add -
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		<del> </del>	Change
		<del></del>	☐ Remove
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• •	on, enter change(s) here: (Attach additional sh	neets, if necessary.)
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Department of the D	ate of filing:  03/30/2016  be specific and cannot be prior to date of filing or more than the does not meet the applicable statutory filing requirement of State's records.	(optional) 1 90 days after filing.) Pursuant to 605.0207 (3 rements, this date will not be listed as th
the record specifies a delayed ) The 90th day after the reco	effective date, but not an effective time, and is filed.	at 12:01 a.m. on the earlier of:
Dated March 30	2016	in sea
Yam D	ignature of a member or authorized representative of a me	ember SA
Andres Delgado		SELECTION OF THE SELECT
	Typed or printed name of signee	LCORNI STAT
	Page 3 of 3	<b>3</b>

Filing Fee: \$25.00