116020163077

| (Requi | estor's Name) | |
|------------------------------|---------------|-------------|
| | | |
| (Addre | ess) | |
| | | |
| (A dd- | | |
| (Addre | :55) | |
| | | |
| (City/S | tate/Zip/Phon | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (5) | - ··· · · · | |
| (Busin | ess Entity Na | me) |
| | | |
| (Docui | ment Number) |) |
| | | |
| Certified Copies | Certificate | s of Status |
| | | |
| | | |
| Special Instructions to Fili | ng Officer: | |
| andry | | |
| name only | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900290593439

10/24/16 01007 025 \$25.00

16 OCT 24 PH 3: 15

O SIMMONS OCT 27 2016

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Trademaster Plumbing 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: |
| Christopher Gast |
| Name of Person |
| Firm/Company |
| T into Company |
| 9/31 Keating Drive |
| Palm Brach Gardens, Florida 33410 City/State and Zip Code Chris gasta hotmail. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Chris Gast at (989) 323-1[1] Name of Person at (989) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certificate Of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

| Trade waste | Plumbing LLC uny as it now appears on our records.) Liability Company) | <u>.</u> |
|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on $08/26/2016$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | Tach // C | |
| The new name must be distinguishable and contain the words "Limited Liabi | | |
| Enter new principal offices address, if applicable: | 9/31 Keating Driv Palm Beach Gara | e |
| (Principal office address MUST BE A STREET ADDRESS) | Palm Beach Gara | ens, Florida 334 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | <u> </u> |
| | Enter Florida street address , Florid a | 16 OC |
| | City | ZF.Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | ee to act in this capacity. I further ag performance of my duties, and I am provided for in Chapter 605, F.S. Or, | fami <u>li</u> ar with and , if th i s document is |
| company has been notified in writing of this change | | |

If Changing Registered Agent, Signature of New Registered Agent

| or removed | Authorized Person(s) authorized to n from our records: | ияпаде, <u>enter tne title, name, an</u> c | i address of each person being add | | | | |
|--|--|--|--|--|--|--|--|
| MGR = Manager AMBR = Authorized Member | | | | | | | |
| <u>Title</u> | Name | Address | Type of Action | | | | |
| | | | Add | | | | |
| | | | ☐ Remove | | | | |
| | | | ☐ Change | | | | |
| | | | Add | | | | |
| | | | □ Remove | | | | |
| | | | Change | | | | |
| | | | | | | | |
| | | | Change OR Change OF Change OF Change OF Change | | | | |
| | | | Add | | | | |
| | | | □ Remove | | | | |
| | | | Change | | | | |
| | | | Add | | | | |
| | | ☐ Remove | | | | | |
| | | | □ Change | | | | |
| | | | | | | | |
| | | | ☐ Remove | | | | |
| | | | Change | | | | |

| | | • | | | | | | | |
|--------------|---|---------------------|--------------------------|---------------|--------------|--------------|--------------|----------------|-------------------------------|
| | | | | | | | | | |
| | · · · · · · | | | · | | | | | |
| | · | | · - · - · - · | | | | | | |
| <u></u> | | | | | | | | | · |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | 16 OCT 2L |
| | | | | | | | | | OCT OCT |
| | | | | | - ë | | | | <u> </u> |
| | | | | | | ·· | | | CUR-OFATIONS |
| | | | | | | | | | 9: July 15 |
| | | | | | | • | | | 0.5 |
| | | · · | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | · | | | | | | | | · · · - · · · · · · - · · - · |
| | | | | | | | | | |
| | | | | | | | | | |
| fective (| late, if other th | an the date of | filing: _ | | | | (0 | ptional) | |
| an effectiv | e date is listed, the e date inserted in | date must be specif | fic and can | not be prior | | | than 90 days | after filing.) | |
| cument's | s effective date of | n the Departmen | t of State | 's records | | | | | |
| record | enecifies a d | alayad affacti | iva data | . but no | t an offo | ctivo tim | o at 12:0 |)1 a m (| on the carlie |
| | l specifies a d th day after tl | | | s, but no | t an ene | ctive tim | e, at 12.t |)1 a.III. (| on the eather |
| | \bigcirc 1 $\stackrel{1}{\sim}$ | - 10 | | 30010 | | | | | |
| ated(| October | 18 | , <u>e</u> | <u> 1016</u> | _· _ | 1 | | | |
| | | | . // | // - | X | | | - | |
| | | Signature | of a mem | ber or auth | orized repre | sentative of | member | | |

Page 3 of 3

Filing Fee: \$25.00