## ULLO00 197295

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900310037359

03/08/18 -01019--019 \*\*25.00



WAR NO THING J. HARRIS

## **COVER LETTER**

SUBJECT:	Plumbers	in Paradise, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Carla Tiedemann	
		Name of Person	
		Firm/Company	<del></del>
•	912	20 Overseas Highway, PB-9735	5
		Address	
		Tavernier, Florida 33070	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report	notification)
For further information co	ncerning this matter, please ca	all:	
Carla Tie	demann	305	852-0401
Name of	Person	at () Area Code Day	ytime Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Plumbers in Paradise, LLC	
( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	nears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	10/26/2016 and assigned
Florida document numberL16000197295	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
Contractors in Paradise, LLC	Sign 1
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbrey (Mon "E.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<b>6 6 6</b>
	200
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	la /
	*
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the n
registered agent and/or the new registered office address nere:	
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
Linei	
City	, Florida 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 temoved from our records:

<u> itle</u>	<u>Name</u>	Address	Type of Action
	+		□ Add
		·	☐ Remove
		/	/ □ Change
	· ·	/_	□ Add
			Remove
		/	□ Change
			□ Add
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ Remove
			Change
		<del></del> /	
			<u> </u>
			Change Th
		<u>/</u>	
	/		Remove
			Change
			□ Add
			Remove
	•		□ Change

. –		
-		
_		
-		
_		
_		
_		
-		
_		
_		
-		
_		
_		
(If an effe Note:	ive date, if other than the date of filing:  O1/01/2018  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed attent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated _	ala Xed	
	Carla Tiedemann  Typed or printed name of signee	atact is

Page 3 of 3

Filing Fee: \$25.00