L17000 114228

(Requestor's Name)
(Address)
(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:
Special instructions to Filing Officer.
1

Office Use Only



000304847860



2017 OCT 25 AM 10: 5

K SALY OCT 2 v 2017

COVER LETTER

TO:	Registration Se Division of Cor			
eun ir		ne Services LLC		
SUBJE	C1:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Chris Cleary		
			Name of Person	
		Cleary Plumbing, Inc		1
		<u> </u>	Firm/Company	<u></u>
		925 S Military Trail Suite I	DII	
			Address	
		West Palm Beach 33415		
			City/State and Zip Code	
		ccleary@clearyplumbing.co	m to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please co		
Paul Cl	eary		561 662-0005 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpo- Clifton Building	113

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Cleary Home Services 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 5/23/17	and assigned
Florida document number L17000114228		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <u></u> -	
(Principal office address MUST BE A STREET ADD	DRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	-	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Agent:		, enter the name of the new
New Registered Office Address:	Enter Florida street address	<u>, </u>
	Flo	arida
	City	orida
New Registered Agent's Signature, if changing Register	red Agent:	I
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, an agent as provided for in Chapter 605, t red office address, I hereby confirm tha	d I am familiar with and F.S. Or, if this document is

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
AR _	BRENNAN SMITH	925 S Military Trail Suite D11	
		West Palm Beach FL 33415	■ Remove
			☐ Change
			□ Remove
			7 OF THE PROPERTY OF THE PROPE
			Adry Remove
			Remove (
			Remove
			Change
			
			Remove
			□ Change
			Add
			☐ Change

					-		•	
								Tanoct 25 B
								72. 22
								357
					•			
								·
								
						<u> </u>		
								_
			 					
				10	a., -			
ective da reffective	i <mark>te, if other 1</mark> date is listed, tho	han the date date must be sr	of filing: _ secific and car	nnot be prior to	o date of filing	r more than 90	<u> (option</u> a •days after fili	l) ng.) Pursuant to 605.02
te: If the	date inserted i	n this block d	oes not meet	the applical	ble statutory i	iling requirer	nents, this da	te will not be listed
.umem s	effective date	on the Departi	nencor state	. s records.				
record :	snecifies a r	delaved effe	ective date	∍. but not	an effectiv	e time, at	12:01 a.m	. on the earlier
	day after			-, 5 ac 110 c	ar, critetir	c cirric, de	12,01 0,,,	or the corner
	1000	7						
ted	10.29	-/ /-	· _		_ ·			Î.
	(1 Time.	7/			uive of a memb		
		100	E.					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00