117000116924

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

Office Use Only



800310429248

03/14/18--01030--002 **25.00

18 HAR RU AM 9: 49

"AR 1 5 2018

COVER LETTER

| | egistration Se vision of Cor | | | |
|-------------|----------------------------------|--|--|--|
| CHD IVAT | | umbing LLC | | |
| SUBJECT | : | | ited Liability Company | |
| The enclose | ed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | m all correspo | ndence concerning this matter | to the following: | |
| | | Steven Rogers | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | 1193 SE Port Saint Lucie Blvd #1 | Bivd #193 | | |
| | | | Address | |
| | | Port Saint Lucie, FL 34952 | 2 | |
| | | Cturtle E-mail address: (| City/State and Zip Code City/State and Zip Code Code | nail. Com |
| For further | information co | oncerning this matter, please ca | all: | |
| Steven Rog | | | 772 485-0130 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e 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

| C Turtle Plumbing LLC | | | |
|--|--|--------------|-------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records.) nited Liability Company) | | |
| The Articles of Organization for this Limited Liability Com | pany were filed on 5/24/17 | an | nd assigned |
| Florida document number 1.17000116924 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| Sea Turtle Plumbing LLC | | | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviation | on "L.L.C." |
| Inter new principal offices address, if applicable: | _ | | |
| Principal office address MUST BE A STREET ADDRES | (S) | | <u></u> |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | 1193 SE Port Saint Lucie Blvd #193 | | |
| Mailing address MAY BE A POST OFFICE BOX) | Port Saint Lucie, FL 34952 | • | |
| | | j. 2. | 18 |
| | | Ţ: · | A A |
| 3. If amending the registered agent and/or registere | ed office address on our records, enter | thể na | amerof the |
| egistered agent and/or the new registered office address | <u>s here</u> : | 177 - | *** **** |
| | | ,23 | 芸 : |
| Name of New Registered Agent: | | Ē. | <u>'</u> |
| New Registered Office Address: | | | 9 |
| New Registered Office Address. | Enter Florida street address | | , <u></u> |
| | , Florida | | |
| | 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 |
|--------------|-------------|-------------|----------------|
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Remove |
| <u></u> | | | Add Add |
| | | | Add Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |

| | | | | _ |
|--|---|---------------------------------|-------------|----------------------|
| | | | | |
| | | | —– | _ |
| | | | | _ |
| | | | | _ |
| | | | | _ |
| | | | | |
| | | | - | _ |
| | • | | | _ |
| | - | | | _ |
| | <u>-</u> | | | _ |
| | | | | _ |
| | | | | |
| | <u>.</u> | | | |
| | | | <u> </u> | 14 |
| | | | | |
| | | | ا ئ | |
| | | 1 mg | AH 9: | , |
| Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 5 Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records. | (optiona 90 days after fili ements, this da | il) ng:) Pursi ite will n | uani to 6 | 605.0207 isted as |
| ne record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed. | t 12:01 a.m | ı. on th | ne ear | lier of: |
| Dated February 28 2018 | | | | |
| Signature of a member or authorized representative of a mem | | | | |
| Signature of a member or authorized representative of a mem | ıber | | | |

Page 3 of 3

Filing Fee: \$25.00