117000155093

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	egistration Se ivision of Cor		•				
empreca	•	nbing and Property Services, L	LC				
Name of Limited Liability Company							
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		James Russell					
			Name of Person				
James' Plumbing and Property Services, LLC							
			Firm/Company				
		399 Sugar Sand Lane					
			Address				
		Oviedo, FL 32765					
			City/State and Zip Code				
		batjames I@hotmail.com					
For further	information ed	E-mail address; (oncerning this matter, please ca	to be used for future annual report notifi all:	ication)			
James Rus	sell		407 484-9478 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed is	s 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)	☐ \$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

James' Plumbing and Property Services, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 7/19/2017	and assigned
lorida document number <u>L17000155093</u> .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ames' Property Services, LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		NLLA SECURE
Principal office address MUST BE A STREET ADDRESS)		FILE SEP 28 ATTASSE
		28 888 888
		円の 差 口
nter new mailing address, if applicable:		FLORID
Mailing address MAY BE A POST OFFICE BOX)		₽. P.
. If amending the registered agent and/or registered		s, enter the name of the
gistered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS .
	FI	orida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			Change
			
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			☐ Change
			☐ Remove
			Add
			□ Remove
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Effective date, if other than th	e date of filin	ıg:		(o _l	otional)
(If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the	block does not	meet the applic	able statutory fi	r more than 90 days a ling requirements,	fter filing.) Pursuant to 605,0207 (this date will not be listed as th
the record specifies a delaye) The 90th day after the re			t an effectiv	e time, at 12:0	1 a.m. on the earlier of:
Dated September 25		2017	·		
		,	2		
Anna an		1000	•		

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Typed or printed name of signee

Filing Fee: \$25.00