

L17000156131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

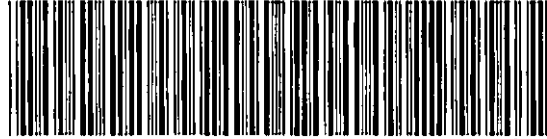
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FILED
JAN 30 2019
TALLAHASSEE, FLORIDA

19 JAN 28 AM 9:27

JAN 30 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2019

CRISTY CAMPBELL
PIPE VISION AND VAC LLC
7300 ABBEY LANE
WINTER PARK, FL 32792

SUBJECT: PIPE VISION AND VAC LLC
Ref. Number: L17000156131

We have received your document for PIPE VISION AND VAC LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 119A00001009

2019 JAN 23 PM 2:31

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pipe Vision and Vac 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:

Cristy Campbell

Name of Person

Pipe Vision and Vac LLC

Firm/Company

7300 Abbey Ln

Address

Winter Park, FL 32792

City/State and Zip Code

pipevisionvac@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristy Campbell

407 509-5236
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2018 DEC 28 AM 10:19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pipe Vision and Vac 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 07/21/2018 and assigned
Florida document number L17000156131.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

FILED
JAN 28 AM 9:27
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|---------------------------|--|
| MGR | James Diguseppi | 144 Canterbury Bell Drive | <input type="checkbox"/> Add |
| | | Oviedo, FL 32764 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Alliance Excavating, Inc. | 59 Brown Chapel Rd. | <input checked="" type="checkbox"/> Add |
| | | St. Cloud, FL 34769 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

12/20/2018

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 20, 2018

And Encl 1

Signature of a member or authorized representative of a member

Chad Campbell

Typed or printed name of signee