

L17000173995

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STATE  
TALLAHASSEE FLORIDA

J. LEGGETT  
FEB 26 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2018

RICHARD J LIEBEL  
13435 S MCCALL ROAD  
PORT CHARLOTTE, FL 33981 US

SUBJECT: THE HOME URINAL LLC  
Ref. Number: L15000059873

We have received your document for THE HOME URINAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the LLC must correspond with the FL document number.

✓ Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 618A00002431

RECEIVED  
FEB 26 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Uniiversal Urinal 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:

Richard J. Liebel

\_\_\_\_\_  
Name of Person

The Universal Urinal LLC.

\_\_\_\_\_  
Firm/Company

13435 S. McCall Road      Unite 16-118

\_\_\_\_\_  
Address

Port Charlotte FL 33981

\_\_\_\_\_  
City/State and Zip Code

theuniversalurinal@yahoo.com

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

For further information concerning this matter, please call:

Richard J. Liebel

941      697-8359  
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<br>CK# 1004 | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Universal Urinal 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 August 1, 2017 and assigned Florida document number L17000178995

This amendment is submitted to amend the following:

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

The Universal Urinal "LLC."

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:**

13435 S. McCall Road

**(Principal office address MUST BE A STREET ADDRESS)**

Unite 16-118

Port Charlotte Fl. 33981

**Enter new mailing address, if applicable:**

The Universal Urinal LLC.

**(Mailing address MAY BE A POST OFFICE BOX)**

13435 S. McCall Road Unite 16-118

Port Charlotte, Fl. 33981

**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:

13435 S. McCall Road Unite 16-118

Enter Florida street address

Port Charlotte, Fl.

Florida

33981

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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

18 FEB 23 PM 3:07  
SEATTLE  
TALLAHASSEE  
FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 30, 2018

Richard J. Liebel  
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Richard J. Liebel

Typed or printed name of signee