

L17000205184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

(Document Number)

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OCT 19 PM 3:20

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OCT 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FloRite Plumbing & Leak Detection 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:

Tina Skinner

Name of Person

FloRite Plumbing & Leak Detection LLC

Firm/Company

5321 SW 64th st.

Address

Gainesville, FL 32608

City/State and Zip Code

floriteplumbingandleak@gmail.com

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

For further information concerning this matter, please call:

Tina Skinner

352 278-4982
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
JUN 19 2020
TALLAHASSEE, FL

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

FloRite Plumbing & Leak Detection 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 10/04/2017 and assigned
Florida document number L17000205184.

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)

4605 NW 6th street Suite F

Gainesville, Fl. 32609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4605 NW 6th street Suite F

Gainesville, Fl. 32609

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:

Tina Skinner

New Registered Office Address:

4605 NW 6th Street Suite F

Enter Florida street address

Gainesville

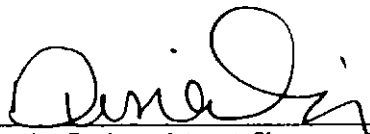
City

Florida 32609

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>
MGR	Tina Skinner		<input type="checkbox"/> Add
		11970 E. Levy st. Williston Fl. 326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth Wayne Moon	8407 NW 4th Pl. Gainesville Fl 326	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

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

Address of Business has changed as well to 4605 NW 6th street Gainesville, FL. 32609

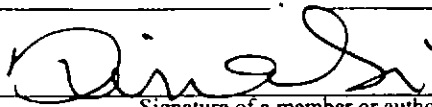
E. Effective date, if other than the date of filing: 10/01/2017 **(optional)**

(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 10/16/2017



Signature of a member or authorized representative of a member

Tina Skinner

Typed or printed name of signee