Fax: (813) 932-5244

To:

Fax: (850) 817-8383 Division of Corporations Page 1 of 5 03/22/2018 3.34 PM

Floridal Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099
Phone : (813)932-5244

Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECTOR M/MG RESIGN SOUTHERN HERITAGE PIPING SERVICES LLC

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O SIMMONS

From: Bill Moore

Fax: (813) 932-5244

To:

Fax: (850) 817-8383

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COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: SOUTHERN HERITAGE PIPING SERVICES LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filling.					
Please return all correspondence concerning this matter to the following:					
DONALD C GRIFFITH Name of Person					
CONTRACTORS REPORTING SERVICE INC Firm/Company					
13795 N NEBRASKA AVE					
TAMPA, FL 33613 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DONALD C GRIFFITH Name of Person nt (813) 932-5244 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) 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

Faz: (813) 932-5244

Fax: (850) 817-8383

To:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN HERITAGE PIPING SERVICES Lie (Name of the Limited Liability Company as it has a	ppears on our records.)
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed o	n 1/1/2018 and assigned
Florida document number <u>L17000252322</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
	7.5. 8
The new name must be distinguishable and end with the words "Limited Liability Company	"the designation "LLC" or the abbre disting "E.L.C."
Enter new principal offices address, if applicable:	- <u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	10 mg 1 mg
Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	
And the second s	
B. If amending the registered agent and/or registered office address to registered agent and/or the new registered office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
, jim	er Florula street address
	, Florida
City	zīр Соде
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performanceept the obligations of my position as registered agent as provided for	ce of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

_	m : 1	14	
rscm.	UII	Moore	

1. Bit Moore Fax: (813) 932-5244 To: Fax: (850) 817-8383 Page 4 of 5 03/22/2018 3.34 PM) 79846 3)))
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address Type of Acti	<u>ion</u>
MGR_	DONALD C GREIFFITH	4413 BROOKSDALE DR. SARASOTA, Add FL 34232 Remove	
		Add Remove	
		Add Remove	
		Add © Add © Remove	
		第二章 第二章 第二章 第二章 第二章	
		Add 🗀 Remove	

From: 8il Moore 1). If am endi	Fax: (813) 932-5244 ng any other informat	To: ion, enter change(s) ho	Fax: (850) 817-6383 ere: <i>(Attach additional</i>	Page 5 of 5 03/22/2018 3 34 2M) 7 sheets, if necessary.)	9846 3)))
	·			<u> </u>	
_					
					
			:		
E. Effective (The effective the date this	date, if other than the e date must be specific, cann s document is filed by the Flo	of he prior to date of receipt o	or filed date and cannot be mo	(optional) ore than 90 days after	
Dated M	ARCH 12	, 2018			
		Signature of a member or at	athorized representative of a	member	
	ROMAN ALBANO	Typed or pr	inted name of signee		

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Filing Fee: \$25.00