L17000254171

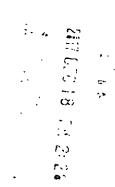
(Requestor's	s Name)
(Address)	
(Address)	
(Address)	
(City/State/Z	Zip/Phone #)
PICK-UP .	VAIT MAIL
(Business E	Intity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



500306537165

12/18/17--01016--019 **25.00



DEC 18 2017 RIS

COVER LETTER

TO:	Registration Sec Division of Corp			
CUBIC	East Bay Plo	umbing LLC		
SUBJECT: Name of Limited Liability Company				
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Anthony Harris		
			Name of Person	
		East Bay Plumbing LLC		
		 	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5393 Harmony LN.		
			Address	
		Gulf Breeze, FL 32563		
		oarthounlumhing th@umail	City/State and Zip Code	
		eastbayplumbing.th@gmail E-mail address: (to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please c	all:	
Vincent	t Ardoin		850 207-2501	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	e 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

East Bay Plumbing LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited I lorida document number L17000254171	iability Company	were filed on 12/12/2017	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name of	of the limited liab	pility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	5393 Harmony LN.	N 3
Principal office address MUST BE A STREET ADDRESS)		Gulf Breeze, FL 32563	7
			. C2 e.
			ω
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		5393 Harmony LN.	, <u> </u>
		Gulf Breeze, FL 32563	, N;
			•
s. If amending the registered agent and egistered agent and/or the new registered of			cords, <u>enter the name of the</u>
Name of New Registered Agent:	Kyra Harris		
New Registered Office Address:	5393 Harmony	LN.	
		Enter Florida street a	address
	Gulf Breeze		_, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Vincent Ardoin		□ Add
		5073 Soundside Dr Gulf Breeze, Fl	■ Remove
			
AMBR	Kyra Harris	5393 Harmony LN., Gulf Breeze, F	■ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
		 	☐ Change
			Add '
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach addit	tional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective) The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of:
Dated December 14 2017	
Signature of a member or authorized representative	ve of a member
Vincent S Ardoin	·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00