11800015103

(Requestor's Name)
(Address)
, , ,
A. I. V. I.
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300308406613

300308406613 02/20/18--01014--004 **60.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Platinum Plus Plumbling 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:
Erin Carriero Name of Person
Platinum Plus Plumbling LLC Firm/Company
1213 Dumpling Et
Green Cove Sorings, FL 32043 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erin Carriero at (904) 576 ~ 9661 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$30.00 Filing Fee & 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

Platinum +1	US Plu	ubling	LLC	rds \		
(Name of the Limit	(A Florida Limited	Liability Compan	y)	(143 <u>1</u>)		
The Articles of Organization for this Limited L Florida document number		y were filed on	1-17-2	2 <i>D18</i>	and assigne	ed
This amendment is submitted to amend the foll						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited lia	bility company	<u>here</u> :			
77		*** 6				
The new name must be distinguishable and contain the v	vords "Limited Liab	oility Company," th	e designation "L	LC" or the abbrev	iation "L.L.C.	,
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	T ADDRESS)			· · · · · · · · · · · · · · · · · · ·		=
					<u> </u>	
					#	AE TO
Enter new mailing address, if applicable:		·				S 28 -
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	w				<u> </u>
	y	 			:	<u> </u>
B. If amending the registered agent and	or registered (office address	on our recor	ds, <u>enter the</u>	name of	最后 the new
registered agent and/or the new registered of	ffice address he	<u>re</u> :				
Name of New Registered Agent:	ERir	n Car	riero_			
New Registered Office Address:	1213]	Dumpli Enter I	O C+ Florida street add	ress		
	Green C	ove Spri	ngs,	Florida <u>F</u> L	3204 Zip Code	13

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	e, <u>enter the title</u>	, name, and	address of each pers	on being added
or removed from our records:		•		

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MR.	Jason Carriero	1213 Dumpling ct	Add
		Green Cove Springs FL	
		_	☐ Change
Mrs.	Erin Carriero	1213 Dumplingct	Add
		Green Cove Springs, FL	
		-	Change
MR.	Ryan Soehlia	1213 Dumpling et	Add
	J	Green Cove Springs, F	
		32043	
			□ Add
			-
			□ Remove
			Change
			🗖 Add
			Remove
			Change
		····	Add
			Remove
			☐ Change

•	······································				·		
					· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·					
							
							<u>.</u>
							
-							Ŧ
							FEB 2 Û
· · · · · · · · · · · · · · · · · · ·							<u> </u>
							
		·					(A) (A)
							· ·
	 				···		
e: If the date	inserted in this	the date of file must be specific as s block does no e Department o	t meet the app	licable statuto	ng or more than 90 ry filing requiren	(optional) days after filing.) Inents, this date w	Pursuant to 605.02
record spec ne 90th day	ifies a dela after the i	yed effective record is file	e date, but d.	not an effec	tive time, at	12:01 a.m. o	n the earlier
ed <u>F</u> e	b r	7	_, <u>20</u>	<u>18</u> .			
		(Sul	· (au	w	entative of a memb		

Page 3 of 3

Filing Fee: \$25.00