L1800019537

(Requestor's Name)	
(Address)	
·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Obtained Depicts Obtained Bis Grands	
Special Instructions to Filing Officer:	

Office Use Only



700311354977

04/09/18--01013--019 **30.00

J. LEGGETT APR 1 0 2018

COVER LETTER

Div	ision of Corp	orations		
	W.T.K. PLU	MBING SERVICES LLC		
SUBJECT.		Name of Limit	ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		YOLY SABILLON		
			Name of Person	
		LA FLORIDA SERVICES	LLC	
			Firm/Company	
		3831 W VINE ST SUITE I	48	
			Address	
		KISSIMMEE, FL 34741		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		yoly@lafloridaservices.com		
			o be used for future annual report no	ottreation)
For further i	nformation co	ncerning this matter, please ca	ıll:	
YOLY SAE	BILLON		407 978-6560	
	Name of	Person	at () Area Code Dayti	ime Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	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:

TO:

Registration Section

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

ty Company as it now appears on our rec Limited Liability Company)	ords.)
company were filed on 01/22/2018	
<u>_</u> .	
•	
ited liability company here:	
ited Liability Company," the designation "	- ; w
	, To
RESS)	

stered office address on our reco lress here:	ords, <u>enter the name of the ne</u>
Enter Florida street aa	ldress
	, Florida
City	Zip Code
	ited liability company here: ited Liability Company," the designation "! RESS) stered office address on our receives here: Enter Florida street address

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>	Address	Type of Action
MGR	WASIN TORRES KARRY	4128 WELLINGTON WOODS CIR	
		UNIT 203	Remove
		KISSIMMEE, FL 34741	☐ Change
MGR	EDGAR TORRES LOPEZ	4128 WELLINGTON WOODS CIR	■ Add
		UNIT 203	Remove
		KISSIMMEE, FL 34741	Change
			□ Add
			☐ Remove
			Change
			Remove
			Change
			
			□ Remove
			Change
			Add
			□ Remove
			□ Change

				,	
	<u></u>				
				···	_
				·····	
	<u> </u>				
%					
					
					17
					
					and the second s
ffective date, if other the an effective date is listed, the lote: If the date inserted in	date must be specifi	c and cannot be pr	ior to date of filing o	r more than 90 days af	otional) Her filing.) Pursuant to 605.0 his date will not be listed
ocument's effective date o	n the Department	of State's recor	ds.	ing requirements, t	ms date will not be tigica
e record specifies a d The 90th day after tl			not an effectiv	e time, at 12:01	La.m. on the earlier
Pated APRIL 3RD		2018	·		
	Land	Lys	~		
		//			