

LI8000 095 182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

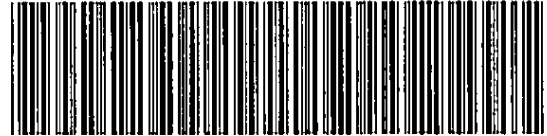
(Document Number)

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07/23/19--01018--013 **52.50

08/13/19--01005--005 **7.50

FILED

19 AUG 12 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

SALVATORE TAVOLACCI
PIONEER PLUMBING OF STUART LLC
521 SUNSET LAKES DRIVE
MERRITT ISLAND, FL 32953

SUBJECT: PIONEER PLUMBING OF STUART LLC
Ref. Number: L18000095182

We have received your document for PIONEER PLUMBING OF STUART LLC and check(s) totaling \$52.50. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$7.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 719A00015815

2019 AUG 12 PM 1:02

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIONEER PLUMBING OF STUART 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:

SALVATORE TAVOLACCI
Name of Person

PIONEER PLUMBING OF STUART LLC
Firm/Company

521 SUNSET LAKES DR
Address

MERRITT ISLAND, FL 32953
City/State and Zip Code

pioneerplumbingservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALVATORE TAVOLACCI at (321) 848-1020
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

PIONEER PLUMBING OF STUART 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 04/14/2018 and assigned
Florida document number L18000095182

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Greg D. Rice	P.O. Box 558	<input type="checkbox"/> Add
		PORT SALERNO FL 34992	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SALVATORE TAVOLACCI	521 SUNSET LAKES DR	<input checked="" type="checkbox"/> Add
		MEERIT ISLAND FL 32953	<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

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 08/09/2019 .

William E. Rice

Signature of a member or authorized representative of a member

William E. Rice

Typed or printed name of signee