U800150288

(Re	equestor's Name)	<u> </u>
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1
Sign		
	Office Use Onl	lv



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FILED 18 JUL 19 PH 3:55

K SALY



July 6, 2018

PLUMBING INNOVATION LLC 30725 US HWY 19 N #215 PALM HARBOR, FL 34684

SUBJECT: PLUMBING INNOVATION LLC

Ref. Number: L18000150288

We have received your document for PLUMBING INNOVATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 118A00013994

COVER LETTER

TO:	Registration Sec Division of Corp			
ous in		nnovation LLC		
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		Plumbing Innovation LL0		
			Firm/Сотралу	······································
		30725 US HWY 19 N #2	215	
			Address	
		Palm Harbor FL 34684		
			City/State and Zip Code	
		plumbinginnovation@yah	to be used for future annual report notific	antion \
For furth	her information ed	oncerning this matter, please ca		autor)
Hector	Hernandez Ibar	га	727 2769102	
	Name of	Person	at () Area Code Daytine	Telephone Number
Enclose	d is a check for th	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

FILED

18 JUL 19 PM 3:56

Plumbing Innovation LLC	A STATE OF THE STATE OF
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000150288	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The 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 applicable:	31790 US HWY 19 N APT 136
Principal office address MUST BE A STREET ADDRESS)	Palm Harbor FL 34684
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hector Hernandez Ibarra	31790 US HWY 19 N APT 136	⊟ Add
		Palm Harbor FL 34684	☐ Remove
			☐ Change
MGR	Javas Nguyen	31790 US HWY 19 N APT 136	
		Palm Harbor FL 34684	□ Remove
			■ Change
			Add
			☐ Remove
			Change
			Add T
			□ Remove □ □ □ Change
			Remove
			Change
			Add
			☐ Remove
			□ Change

Because she is already listed as the only MGR. Please call if a	any questions,
<u></u>	
	بر ۱۳۰۱ - د ۱۳۶۱ - د
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of tiete: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
ted 7-16-18	
	sentative of a member

Page 3 of 3

Filing Fee: \$25.00