## Florida Department of State

## Division of Corporations **Electronic Filing Cover Sheet**

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(((H180003290783)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROHAN'SPLUMBING LLC

Certificate of Status	0
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From: Sandy Bonet Fax: (813) 445-7084

To.

Fax: (850) 817-6383 Page 1 of 6 11/15/2018 2.47 PM

**FAX** 

**FROM** 

Sandy Bonet

TO

(((H18000329078 3))) ROHAN'S PLUMBING LLC

Phone

(813) 932-5244 \* 102

Fax Number (813) 445-7084

Phone

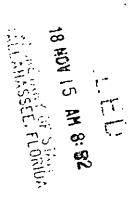
Fax Number + 18506176383

DATE 11/15/2018

NOTE

PLEASE SEE ATTACHED AMENDMENT FOR THE COMPANY SUBJECT ABOVE. THANK YOU.

SANDY BONET



Fax: (813) 445-7084

To:

Fax: (850) 617-6383

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(((H18000329078 3)))

#### **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: ROHAN		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	unitied for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	SANDY BONET			_	
		Name of Person			
	CONTRACTORS R	EPORTING SERVICE INC		-	
		·			
	13795 N NEBRASK			_	
		Address		5. <b></b>	
	TAMPA, FL 33613			18 HOV	
		City/State and Zip Code		2	
	SANDY@activatemy	license.com to be used for future annual report notifi	-	15 ASS	!
For further information c	oncerning this matter, please of		canon)	AM 8	
SANDY BONET		at ( 813 ) 932-5244	EXT 102	8: <b>52</b> FLORID	
Nапе о	l Person	Area Code Daytine	Telephone Number	r	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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 From: Sandy Bonet

Fax: (813) 445-7084

Fax: (850) 817-8383 Tο.

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# (((H18000329078 3))) ARTICLES OF AMENDMENT

# ARTICLES OF ORGANIZATION OF

ROHAN'SPLUMBING LLC	ny at it now appears on our r	acorde )
(Name of the Limited Liability Compa (A Florida Limited I	jability Company)	ecorus.)
The Articles of Organization for this Limited Liability Company	were filed on <u>07/19/20</u>	18 and assigned
Florids document number <u>L18000181270</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ROHAN'S PLUMBING LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		18 NO
(Mailing address MAY BE A POST OFFICE BOX)		SSEE.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our rec e:	cords, enter the hame of the new
Name of New Registered Agent:		
New Registered Office Address:	P	
	Enter Florida street c	uldreas
	<u> </u>	Florida
	Сиу	Zip Corie
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee 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

Page 1 of 3

From: Sandy Bonet If amending <u>Authorized</u>	Fax: (813) 445-7084 To: the Managers or Authorized Membe Member being added or removed from	r on our records, enter the title, name, and add	15/20(ชี 2.47 คม 0.329078 3)) Iress of each Manager o
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	HOWARD O BURGESS	1906 E BOUGAINVILLEA AVE TAMPA, FL 33612	☐ Add  Remove
MGR_	HOWARD R BURGESS	1906 E BOUGAINVILLEA AVE TAMPA FL 33612	Add Remove
			Service A

 	 🗆 Remove

□ Remove

From, Sandy Bonet <b>D.</b> If amendi	Fac: (813) 445-7084 ing any other informat	To. tion, enter change(s) he	Fax (850) 817-8383 re: (Attach additional	Page 6 of 8 11/15/2018 2.47 sheets, if necessary.) (((111)	หเ 8000329078 3)))
(The effective	date, if other than the e date must be specific, canno s document is filed by the Flo	of he prior to date of receipt or	filed date and cannot be me	(optional) ore than 90 days after	
Dated NO	OVEMBER 15	, 2018	_		
		Signature of a member or aut	horizod representative of a	momber	_
		SANDY BONET	arada ima at atawa	. <u></u>	_

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Filing Fee: S25.00