

**L18000275022**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

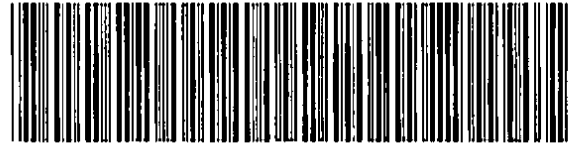
(Document Number)

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**400324620424**

03/21/19--01022--022 \*\*25.00

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2019 MAR -8 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FL 09000

T.G.  
03/11/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2019

LAURA GOBIE  
321 W. 9TH AVE.  
MOUNT DORA, FL 32757

Ref. Number: 400324620424

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

Please provide if MGR is being added, removed, or changed.

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 119A00004055

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AND  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

42:21:25  
- 5197

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOUNT DORA PLUMBING, 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:

LAURA GOBIE

Name of Person

MOUNT DORA PLUMBING, LLC

Firm/Company

~~230 N BAKER STREET~~

321 W. 9<sup>th</sup> Ave.

Address

MOUN DORA, FL 32757

City/State and Zip Code

laura@gobieplumbing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Gobie

305

235-3523

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2019 MAR - 8 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

APPROVED  
AND  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MOUNT DORA PLUMBING, 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 11.28.2019 and assigned  
Florida document number L18000275022.

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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LAURA GOBIE	<del>230 N BAKER ST</del> 321 W. 9 <sup>th</sup> Ave.	<input checked="" type="checkbox"/> Add
		MOUNT DORA, FL 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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APPROVED  
AND  
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2019 MAR 18 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL 09101

2019 MAR - 8 PM  
SECRETARY OF STATE  
IN LIAISON, FLORIDA

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AND  
FILED

2019 MAR -8 PM 3:09  
SECRETARY OF STATE  
ITALIANASSISTANT

(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:

(b) The 90th day after the record is filed.

Dated February 18<sup>th</sup> 2019

*Phyllis H. Goble*  
Signature of member of

Signature of a member or authorized representative of a member

Phil Gobie, Manager

Typed or printed name of signee