L19000016988

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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2019 FEB -8 PM 5: 25

C. GOLDEN FEB 1 4 2019

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	LINE Plumbing Name of Limit	ed Liability Company	<u>C</u> .
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	dence concerning this matter to	o the following:	
		Name of Person	
	Inline Plun	Firm/Company	<u></u>
	4754 016	Gurensey Rd. Address	<u> </u>
	wilton	FC . 32571 City/State and Zip Code	
	E-mail address: (to	ng and gas @ gmai	t notification)
For further information ec	oncerning this matter, please ca	II:	
Sames Name of	Brok Person	at (<u>850</u>) <u>9</u> Area Code Di	ND - 2.7 N7 sytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Inline Plus	mbing & GAS LLC	2019. - •	FEB -8 PH 5: 25
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)	LABASSEE, FL
The Articles of Organization for this Limited Liabil	ity Company were filed on 🗫🛰		
Florida document number <u>L19000016988</u>			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ır records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	James Ronald	Brooks	
New Registered Office Address:		erse Rd. street address	
_	Millon	, Florida _	35211
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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> Fitle</u>	Name	Address	Type of Action
MGR	James Rarald Brooks	4754 old Gurensey Rd.	_X Add
			Remove
			Change
			□ Remove
			Change
			🗆 Adđ
			Remove
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an effectiv <u>ote:</u> If th	ve date is liste he date inser	d, the date mu rted in this bl	st be specific a	nd cannot be meet the ap	plicable stat	filing or more t atory filing re	han 90 days af	ter filing.) Pur	suant to 605.020 not be listed a
			d effective ord is filed		not an ef	fective time	e, at 12:01	.a.m. on	he earlier o
ated	2.4	1-2019		_ `	·				
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			255	<u> </u>		_ ,			
	-		Signature of	a member or	authorized rep	resentative of a	member		

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Filing Fee: \$25.00