

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000072991 3)))



H190000729913ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (954)791-2100  
Fax Number : (954)583-4117

**\*\*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

### FLORIDA BACKFLOW SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SHAMONS  
MAR 05 2019

H19000072991

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA BACKFLOW SERVICES, 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:

DANIEL GOLDSTEIN

Name of Person

FLORIDA BACKFLOW SERVICES, LLC

Firm/Company

2775 BURRIS RD, STE 7B

Address

DAVIE, FL 33314

City/State and Zip Code

DANNY @ GRC SERVICES, COM

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

For further information concerning this matter, please call:

DANIEL GOLDSTEIN

Name of Person

at (904) 605-2850

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

H19000072991

BLACKSTONE LEGAL SUPPLIE  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FLORIDA BACKFLOW SERVICES, 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 1/22/19 and assign  
Florida document number L19000022355

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 "LLC."

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**)

FILED  
MAR - 4 AM 10:34  
19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the  
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 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

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of A
AMBR	ROBERT MARINI	2775 BURRIS RD	<input checked="" type="checkbox"/> Add
		STE 7B	<input type="checkbox"/> Remove
		DAVIE, FL 33314	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

19 MAR -14 AM 00:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For information, other information, enter change(s) here: (Attach additional sheets, if necessary.)

H19000072991

FILED  
MAR - 4 AM 10:34  
19  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.02071  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/4/2019

Signature of a member or authorized representative of a member

DANIEL GOLDSTEIN

Typed or printed name of signer

H19000072991