1190000 34259

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

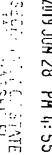
Office Use Only

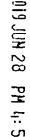


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COVER LETTER

TO:		istration Se ision of Cor			
C1 111 F	(824 V9°	Cobra Plun	ibing Company LLC		
SUBJ					
			Amendment and fee(s) are sub	_	
Please	: return	all correspo	ondence concerning this matter	to the following:	
			Christopher McConnell		
				Name of Person	
			Cobra Plumbing Company	LLC	
				Firm Company	
			674 Lakemont Dr.		
				Address	•
			Brandon, Fl. 33510		
			CompletePlumbingFL@gm	City/State and Zip Code ail.com	v
			E-mail address: (to be used for future annual report noti	lication)
For fu	irther in	iformation c	oncerning this matter, please ca	aH:	
Christ	topher :	McConnell		941 228-0544 at ()	
		Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a	check for th	ne following amount:		
■ \$2	25.00 F	iling 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

Cobra Plumbing Company LLC		
(Name of the Limited Liab (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000034259	Company were filed on February 02, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Complete Plumbing and Drain LLC		,
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation .L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	N
		· · · · · · · · · · · · · · · · · · ·
		P P
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		17 55 S
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		iter the name of the nev
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, of 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			☐ Add
			Remove
			□ Change
			□ Remove

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ffective date, if other than the	e date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statu	ttory filing requirements, this date will not be listed as
e record specifies a delaye The 90th day after the re	ed effective date, but not an effectord is filed.	ective time, at 12:01 a.m. on the earlier of
June 26th	. 2019	
	Signature of a member or authorized repr	
	WMLatine 1/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00