L19000034935

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200330852992

08/25/19-

7019 (FER 25 11110: 25

Amendais

JUL 1 1 2019

I ALBRITTON

COVER LETTER

TO: Registra Division	tion Section of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Billy Harnitten Name of Person
	Vital Plumbins Firm/Company
	19553 Davenwood (ir
	Fort Myers, FL, 33967 City/State and Zip Code Vital Plumbin LL acomail. (om E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
B:lly	Name of Person at (911) (a) Co-8675 Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
□ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

Vital Plus	mbing LC!	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" 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)	Vital Plumbing = = = = = = = = = = = = = = = = = = =	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the nee</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	v.mer r wriaa sireei aaaress	
New Designation of Agent's Circumstance if showing Designation Agents	, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with to	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
mor/Amb"	Billy Hamilton	19553 Devenward Cir	A dd
		Fort Myers FL 33967	Remove
			□ Change
man/Ambr"	Jennifer Hamilton	19553 Devon word Cir	Add
		Fort Myers, FL 33967	Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
·			Change
			□ Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
	
	·
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or monomode: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective to (b) The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of:
Dated	
Bills Man	
Signature of a member or authorized representative	of a member
Rilly Hamitten	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00