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### **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	Pump STA	TLLC		
	· · <u></u>	Name of Lin	nited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırıı all correspo	ondence concerning this matter	to the following:	
		Judith Sutton		
		Pump STAT LLC	Name of Person	
			Firm/Company	<del></del>
		1255 Orangeview Lane		
		-	Address	
		Holiday, Fl 34691		
		pumpstatlle@gmail.com	City/State and Zip Code	<del></del>
For further	r information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifi all:	cation)
Judith Sut		-	352 270-4848	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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)
		ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pump STAT LLC		2019 HAY	24 P 2 36
			GGEEL FLORIDA
The Articles of Organization for this Limited L	iability Company.	were filed on $\frac{02/06/2019}{}$	and assigned
Florida document number L19000037103			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1255 Orangeview Lane	
(Principal office address MUST BE A STREE		Holiday Fl 34691	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		1255 Orangeview Lane	
(Mailing address MAY BE A POST OFFICE	BOX)	Holiday Fl 34691	
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the new
Name of New Registered Agent:	Judith Sutton		
New Registered Office Address:	1255 Orangevi	ew Lane	
		Enter Florida street	address
	Holiday		Florida <sup>34691</sup>
		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, 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>	Type of Action
AMBR	Michael Stoddard		
		1142 Old Fort Green St.	
		Wauchula, Fl 33873	■ Remove
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an effective date is listed, the dat  Sote: If the date inserted in the	the date of filing: e must be specific and cannot be pricised block does not meet the applicate Department of State's record	or to date of filing or more the cable statutory filing requ	(optional) an 90 days after filing.) Pursuant to direments, this date will not be	605.0207 listed as
The 90th day after the	ayed effective date, but n record is filed.	ot an effective time,	at 12:01 a.m. on the ea	arlier of
Dated May 21	2019			
	Judith 5	- Vitter		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00