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COVER LETTER

TO:	Registration Se Division of Cor		、	
CHDB		& REYES PLUMBING LLC		
SUBJ	r.C. 1 :	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Domingo Abinader, NBA, E	EA .	
		AB Taxes	Name of Person	
		1901 S John Young Parkw	Firm/Company ay Suite 103	
		Kissimmee FL 34741	Address	
		abmultiservices 1@yahoo.co		
For fu	rther information c	E-mail address: (oncerning this matter, please e	to be used for luture annual report notifi all:	cation)
Domingo Abiander, MBA, EA			407 601-6524 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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)
	MAII	INC ADDRESS:	STREET/COURT	FR ANDRESS:

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

Aguilar & Reyes Plumbing 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 $\frac{03/06/2019}{}$ and assigned Florida document number _ L19000064150 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AGUILAR PLUMBING LLC 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) B. If amending the registered agent and/or registered office address on our records, enter the hame of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <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>	<u>Address</u>	Type of Action
MGR	REYES-GALEOTE, ELIO R	PO BOX 41	
		DAVENPORT, FL 33836	Add
		DAVENFORT, LE 33830	- D
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i effective <u>te:</u> If the	date is listed, the date inserted	e date must be spec	rific and cannot be s not meet the	applicable statut	iling or more than ory filing require	(optional) 00 days after filing ements, this date) Pursuant to 605.01 will not be listed	207 as
		delayed effec the record is		ut not an effe	ective time, a	t 12:01 a.m.	on the earlier	of
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Typed or printed name of signee

Filing Fee: \$25.00