## 119000278582

| (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: |
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

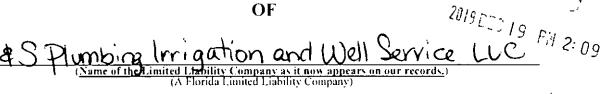
Tallahassee, FL 32314

| SURFECT: SAS                  | Plumbing Irriag                            | tion and Well Sewi  | ice,LLC  |
|-------------------------------|--|---|--|
| SUBJECT:                      | Name of Lim                                | ited Liability Company  |  |
| The enclosed Articles of      | Amendment and feets) are sub               | mitted for filing.  |  |
| Please return all correspo    | ndence concerning this matter              | to the following:   |  |
|                               | Steven Sa                                  | ladino<br>Name of Person  |  |
|                               |  | 3 Injustion and We  | d1 Service   |
|                               | 8213 Berkela                               | Manor Blvd. Address   |  |
|                               | Spring Hill                                | FL 34606 City/State and Zip Code                                    |  |
|                               | js plumbings<br>E-mail address:            | vc@gmail. Or  | fication)  |
| For further information c     | oncerning this matter, please ca           | all:  |  |
| Steven Sal                    | dino<br>f Person                           | at ( <u>352</u> ) <u>616</u> -<br>Area Code Daytim                  | -8951<br>ne Telephone Number   |
| Enclosed is a check for the   | 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) |
| Mailing Addres Registration 9 | Section                                    | Street Address:<br>Registration Se                                  |  |
| Division of C<br>P.O. Box 632 |  | Division of Cor<br>The Centre of T                                  | · •  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



| The Articles of Organization for this Limited Liabi  | S82 and assigned   |
|--|--|
| This amendment is submitted to amend the following   | ng:  |
| A. If amending name, enter the new name of the   | e limited liability company here:  |
| The new name must be distinguishable and contain the words   | "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."      |
| Enter new principal offices address, if applicable   | e:   |
| (Principal office address MUST BE A STREET A   | DDRESS)  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| rater new maming address, it applicable:   |  |
| (Mailing address MAY RE A POST OFFICE RO   | <b>v</b> )   |
| Mailing address MAY BE A POST OFFICE BO  | <u></u>  |
| Mailing address MAY BE A POST OFFICE BO.   | <u></u>  |
| B. If amending the registered agent and/or regis   | stered office address on our records, enter the name of the new regis                |
| B. If amending the registered agent and/or regis   | stered office address on our records, enter the name of the new regis                |
| B. If amending the registered agent and/or regis<br>agent and/or the new registered office address h   | stered office address on our records, enter the name of the new regis                |
| B. If amending the registered agent and/or registered affice address hagent and/or the new registered office address had Name of New Registered Agent: | stered office address on our records, enter the name of the new regis                |
| B. If amending the registered agent and/or regis<br>agent and/or the new registered office address h   | stered office address on our records, enter the name of the new regis                |
| Name of New Registered Agent:  | stered office address on our records, <u>enter the name of the new regis</u><br>ere: |

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>     | Address  | Type of Action         |
|--------------|-----------------|--|------------------------|
| MGP          | Steven Saladino | 8213 Berkeley Manor Bly                        | <u> ∂</u> <b>%</b> Add |
|              |                 | Spring Hill FL 3460                            | □Remove                |
|              |                 |  | □Change                |
| MGR          | Jessica Moeller | 8213 Berkeley Manor Bl                         | <b>⊻å</b> _□Add        |
|              |                 | 8213 Berkeley Manor Bl<br>Spring Hill FL 34600 | Remove                 |
|              |                 |  | □Change                |
|              |                 |  | □Add                   |
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| (If an e<br><u>Note</u> : | tive date, if other than the date of filing:   |
| the rece                  | rd 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 filed. |
| Dated                     | December 16th 2019   |
|                           |  |
|                           | Signature of a member or authorized representative of a member   |
|                           | _  |

Filing Fee: \$25.00