

L20 000048452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

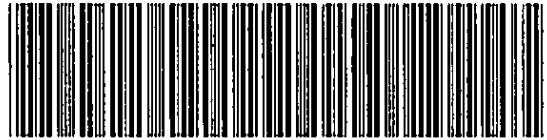
(Business Entity Name)

(Document Number)

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06/08/20 -01022--013 \*\*25.00

R. WHITE  
JUN 23 2020

REC-3 JUN 23 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nate's 98 Plumbing LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan G Smith  
Name of Person

Nate's 98 Plumbing LLC  
Firm/Company

220 Kim Kove Rd  
Address

Mexico Beach FL 32456  
City/State and Zip Code

98 Plumbing@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Smith at ( 850 ) 630 6906  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Nate's 98 Plumbing LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2020 JUN -8 PM 12:49

The Articles of Organization for this Limited Liability Company were filed on Feb. 11<sup>th</sup> and assigned  
Florida document number 620000048452

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the 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:

(Principal office address MUST BE A STREET ADDRESS)

220 Kin Kove Rd  
Mexico Beach Fla. 32456

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jonathan G. Smith

New Registered Office Address:

220 Kin Kove Rd

Enter Florida street address

Mexico Beach, Florida 32456  
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.

Jonathan G. Smith  
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>	<u>Type of Action</u>
	<u>Logan Smith</u>	<u>3052 Hunting Woods Blvd</u>	<input type="checkbox"/> Add
		<u>Tallahassee Fla.</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Maverick Smith</u>	<u>220 Kin Kave Rd</u>	<input type="checkbox"/> Add
		<u>Mexico Beach Fla.</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

**Dated**

6-4-20

*Jonathan Smith*  
Signature of a member or author

Signature of a member or authorized representative of a member

Jonathan Smith

Typed or printed name of signee

**Filing Fee: \$25.00**