# L20000055886

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Change of manager  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:	
Oleksandr Lylvynenko Name of Person	
Alex Plumbing Service ddC. Firm/Company	
3080 Perygia Street	
North Port FL 34287 City/State and Zip Code	
3201330 S @ gmail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Oleksandr Lytvynenko at (941) 221-9807  Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:  \$\sum{\text{S25.00 Filing Fee}} \sum{\text{S30.00 Filing Fee & Certificate of Status}} \sum{\text{S55.00 Filing Fee & Certificate of Status}} \sum{\text{Certified Copy (additional copy is enclosed)}} \	status &

## **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

Alex Plumbing Se	rvice	20212 Z9 11111	
Alex Plumbing Se (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on _	2/19/20	and assigned
Florida document number <u>L 200000.5588</u> 6			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_N/A_		<del>.</del>
(Principal office address MUST BE A STREET ADDRESS)	·	<del></del>	
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the na	me of the new registered
agent and the new registered office address here.			
Name of New Registered Agent:	N/A		
New Registered Office Address:	V/A		
	Enter F	lorida street address	· · · · · · · · · · · · · · · · · · ·
		, Florida _	Zip Code
	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 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
MGR	Svetlana Repina	3080 Perugio Street	□Add
		North Port FL 34287	MRemove
			□Change
MGR	Oleksandr Lytvyvenko	3080 Perugic Street	MAdd
		North Port FL 34287	□Remove
			□Change
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an eff lote:	ive date, if other than the date of filing:
recor I is fi	d 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 led.
	3/4/2020
ated	- 1 / EO E S
ated	1) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Dated	3/4/2020,