

LZ0000182387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

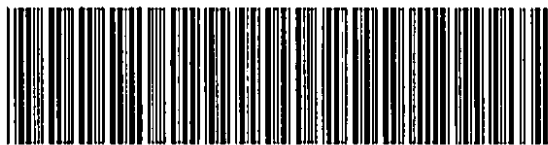
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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D. BRUCE
SEP 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINE'S 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:

Shawn Cline

Name of Person

Cline's Plumbing LLC

Firm/Company

1100 20th St.

Address

Key West, FL 33040

City/State and Zip Code

Cline'splumbingllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Cline

Name of Person

at (305)

Area Code

834-2445

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

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLINE'S 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 June 29, 2020 and assigned
Florida document number 120000182387.

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)

Shawn Cline - manager
1100 20th St
Key West FL 33040

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:

Shawn Cline manager

New Registered Office Address:

1100 20th St.
Enter Florida street address
Key West, Florida
City Zip Code

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SECRETARY OF STATE

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>	<u>Type of Action</u>
MGR	Shawn M. Cline	Shawn M. Cline	<input checked="" type="checkbox"/> Add
		1100 20th St.	<input type="checkbox"/> Remove
		Key West, FL 33040	<input type="checkbox"/> Change
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TALLAHASSEE, FLA.
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Pursuant to 605-8207 (b)(7)(C), this document will not be listed as the

Dated

Signature of a member or authorized representative of a n

Violeta M. Cline

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