## LZ0000182387

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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## **COVER LETTER**

	gistration Sec vision of Corp		•	
SUBJECT:	CLINE'S PL	UMBING LLC	•	•
South.c1.		Name of Lim	nited Liability Company	<del></del>
The enclosed	d Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Shawn Cline		
			Name of Person	<del></del>
		Cline's Plumbing LLC		
			Firm/Company	
		1100 20th St.		
			Address	
		Key West, FL 33040		
			City/State and Zip Code	<del></del>
		Cines plus E-mail address: (	mbing LLC @ G. Ma. 1. 207 to be used for future annual report notification)	
For further in	nformation co	ncerning this matter, please co	all:	2020 SEC
5 <u>l</u>	uciwn ( Name of I	Cline Person	at (305) S34 - 244 Area Code Daytime Telephone	Number 2
				300 P 11
Enclosed is a	a check for the	following amount:		
<b>≘ \$</b> 25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	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

CLINE'S PLUMBING LLC					
( <u>Name of the Limite</u>	d Liability Compan A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number L20000182387	ability Company v	were filed on June	29, 2020	and a	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>re</u> :		
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the de-	signation "LLC" or t	he abbreviation "	L.L.C."
Enter new principal offices address, if applica	ıble:	Shaun	aine.	- mano	ger
(Principal office address MUST BE A STREET	r ADDRESS)	Hey we	oth St St FI	330-10	
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE B	<u>30X)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address	~	ddress on our re	cords, <u>enter the</u>	name of the no	ew registe
Name of New Registered Agent:	SMWN	Ume	mano	ACTIVE 2	10.02.40
New Registered Office Address:	7100 5	OTVI St. Enter Florid	da street address	23 PA 5.7 OF ASSE	
	You	MAINING	الشمات	1227	

## 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.

\ Čitv

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>	Address	Type of Action
MGR	Shawn M. Cline	Shawn M. Cline	<b>=</b> Add
		1100 20th St.	□Remove
		Key West, FL 33040	70
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove 72020
			AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
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