Division of Corporations

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(((H22000317834 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244

: (813)932-3782 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	info@activatemylicense.com	

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Page: 3 of 6 09/14/2022 9:55 AM From: Kim Ritter Fax: 18139325244 To: Fax: (850) 617-6383 COVER LETTER (((H22000317834 3))) TO: Registration Section **Division of Corporations** SUBJECT: ELITE PLUMBING & GAS 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: Kim Ritter Name of Person CONTRACTORS REPORTING SERVICE INC Firm/Company 13795 N NEBRASKA AVE Address TAMPA, FL 33613 City/State and Zip Code info@activatemylicense.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kim Ritter 932-5244 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

(((H22000317834 3)))

Fax: (850) 617-6383

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

(Name of the Limited Linb	ility Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on 6/22/2022	and assigned
Florida document number L22000367039	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "I.I	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	2022 SHC)
		<u> </u>
		2 1 1
Enter new mailing address, if applicable:		334 F 1
(Mailing address MAY BE A POST OFFICE BOX)		Na ₹ III
		ة ق ق
		52
B. If amending the registered agent and/or register		er the name of the new registered
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
Name of New Registered Agent.		······································
New Registered Office Address:	Enter Florida street addr	
	inter invited site index	100 miles
	, E ,	Florida Zip Code
Non-Designated Least's Signature if shanging Degister	•	My Cone
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, agent as provided for in Chapter 605 red office address, I hereby confirm t	and I am familiar with and i, F.S. Or, if this document is
	If Changing Registered Agent, Signature	of New Registered Agent

Fax: (850) 617-6383

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09/14/2022 9:55 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000317834 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JIMMY L LIPKE JR	3508 SAM ASTIN RD.	□Add
		PLANT CITY, FL 33566	□ Remove
AMBR	JOVAN N LIPKE	3508 SAM ASTIN RD.	≣ ∧dd
		PLANT CITY, FL 33566	□Remove
			Change
			□Add
			Remove
		-	□Add
			Remove
		1,44	□Add
			Remove
			Change
			□Add
		 	Remove
			□ Change

To:

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Effective	date, if other than the date o	of filing:	lan	dianal)
	date, if other than the date of the date is listed, the date must be spe the date inserted in this block do as effective date on the Departm	ca normicel me ammeame.	CONTROLL TRANSPORTER	by duto will was believed at
ne record spord is filed.	ecifies a delayed effective date,	but not an effective time, a	(12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated	September 13	2022		
			representative of a member	

Typed or printed name of signee