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A. RIY/ERS

COVER LETTER

		•	
SUBJECT:	1i-Flo Plumb	ING LLC	
3000 te 1.	Name of Lim	ited Ciability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Pgistration Section Vision of Corporations Certificate of Status & Certified Copy (additional copy is enclosed) Registration Section Division of Corporations		
			C
	6691	GOIDEN RD	
		_	1,7
	E-mail address: (to be used for fiture annual report not	fication)
For further information c	concerning this matter, please co	all:	
John M	PARIN SANTOS	at (<u>139</u>) <u>834</u> -	3323
Name c	of Person	Area Code Dayun	ie reiepnone ivunioer
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre			ation
—		_	
Division of C	•		•

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hi- Flo Plumbing LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our rec ability Company)	cords.)
The Articles of Organization for this Limited Liability Company v. Florida document number	vere filed on	-aoa3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>en</u>	nter the name of the new registered
agent and/or the new registered office address here:		0.7
Name of New Registered Agent:		(A) 图 (A)
New Registered Office Address:	Enter Florida street aa	ddress G.
		, Florida
	Cip	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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
MBR	ARTURO SANTOS	7691 BARTHOLOMEW DR	X Add
		N. Ft. MYELS, FL 33917	□Remove
	,		Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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		<u> </u>	□Change

Effective date, if other than the date of filing: (In in 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 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. To ly 7 . 2013 Stenature of a member or authorized representative of a member		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated		
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Signature of a member or authorized representative of a member	Dated	
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	Stanature of a member or authorized representative of a member	
TOBA MARIN SANTOS	Tohn Marin Santos Typed or printed name of signee	