

171 000406371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

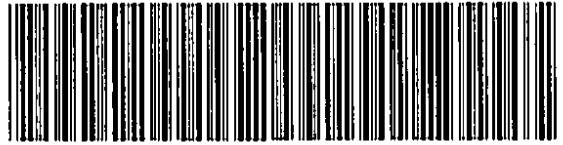
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 12 2022

Office Use Only



200382731482

05/07/22--01012--011 ++25.00

SECRETARY OF STATE
RECEIVED

2022 MAR -7 PM 11:59

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moten Unitions Plumbing & Drains 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:

James Earl Moten
Name of Person

Mr Rooter of Wesley Chuple
Firm/Company

335 churchill ct
Address

Kissimmee FL 34759
City/State and Zip Code

Moten Unitions Plumbing LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James E Moten at (407) 675 8517
Name of Person Area Code 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR -7 PM 11:59

Motenvations Plumbing & Drains

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L21000406371

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

27642 Cashford Cir
Wesley Chapel Florida
33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

335 Churchhill Ct
Kissimmee FL 34759

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:

James Earl Moten

New Registered Office Address:

335 Churchhill Ct Kissimmee FL

Enter Florida street address

Kissimmee Florida 34759

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.

James Earl Moten

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>
<u>MGR</u>	<u>James Earl Moten</u>	<u>335 church hill ct Kissimmee FL</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee FL 34759</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Shanel M Moten</u>	<u>7524 charlin Pkwy</u>	<input type="checkbox"/> Add
		<u>Orlando FL 32822</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Rogwelle N Walker</u>	<u>← Remove</u>	<input type="checkbox"/> Add
		<u>2088 Hidden spring ct coloh</u>	<input checked="" type="checkbox"/> Remove
		<u>43219</u>	
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 3-2-2022 (optional)

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 03 - 02 , 2022

James Earl Masten
Signature of a member or authorized representative of a member

James Earl Masten
Typed or printed name of signer