120000062731

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700384528207

04/04/22--01010--023 **30.00

SECRETARY OF STATE

O SIMMONS APR 15 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
AL PLUMI	BING PROS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
m 1 1 1 2 1 2		18	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	YOLY SABILLON		
		Name of Person	
	FLORIDA BUSINESS SE	ERVICES	
		Firn/Company	
	11356 S ORANGE BLOS	SOM TRAIL	
		Address	
	ORLANDO FL 32837		
		City/State and Zip Code	
	info@flbusinessservices.co	m to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	·	
YOLY SABILLON		407 723-1333	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ED TO ARTICLES OF ORGANIZATION OF 2022 APR -4 AM 7: 02

AL PLUMBING PROS LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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 02/25/2020	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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	address on our records, enter the na	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	dement is submitted to amend the following: Inding name, enter the new name of the limited liability company here: In must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." In principal offices address, if applicable: In mailing address MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the new registered for the new registered office address here: In the manual of the new registered office address on our records, enter the name of the new registered for the new registered Office Address:	
	Enter Florida street address	
	Florida	
		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.

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>	Type of Action
MBR	DEISY A VARGAS OLVERA	3121 LANTANA LAKES DR	≣ Add
		JACKSONVILLE FL 32246	□Remove
			□Change
			□Add
			□ Remove
			□Change
<u></u>			□ Add
			□Remove
			🗀 Change
			□ Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
an effec ote:	date, if other than the date of filing:
ecord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ated _	ARCH 12. 2022
	Signature of a member or authorized representative of a member
	Signature of a mamber of out to the signature of

Filing Fee: \$25.00