

L2/000456738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

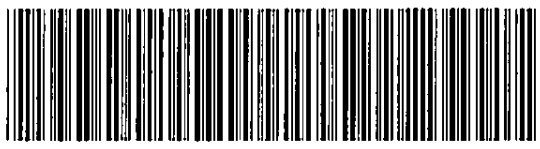
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red Plumbing 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:

Jose A. Rojo Olmos
Name of Person

Red Plumbing LLC
Firm/Company

8750 UNIVERSAL BLVD
Address

ORLANDO, FL. 32819
City/State and Zip Code

joserojoolmos@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Rojo at (786) 2609349
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

STATE OF FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Red Plumbing LLC

(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 October 20, 2021 and assigned Florida document number L21000456738.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Flow Design Plumbing LLC

The new name must be distinguishable and contain the words "Limited Liability 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 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:

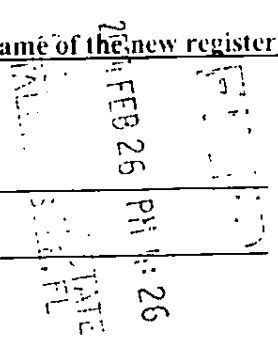
New Registered Office Address:

Enter Florida street address

Florida

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.

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>
MGR	Jose L. Rojo	2645 ENVIRONS BLVD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rossemary J. Olmos Inciarte	2645 ENVIRONS BLVD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paula V. Rojo Olmos	2645 ENVIRONS BLVD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32818	<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
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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

