

**L230000371**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H24000185438 3)))



H240001854383ABC2

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : TIER ONE LICENSES LLC  
Account Number : I20230000120  
Phone : (321)989-7356  
Fax Number : (321)341-8522

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

Email Address: sparaujo24@gmail.com

RECEIVED

10:08 AM 24 MAY 2024

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
OFFICE

2024 MAY 24 AM 8:26

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PLUMBING & MORE BY MARK, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H24000185438 3)))

PLUMBING & MORE BY MARK, 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 05/11/2023 and assigned Florida document number L23000232371

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 "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

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

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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Triston Paul Duncan	1009 PALM TERRACE DR	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33755	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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