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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor		,	•	A .
	G2PERFECTION, LLC			•
SUBJECT:	Name of Limi	ted Liability 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:		
	BRIAN PHILEMON			
		Name of Person		
	PLUMBING2PERFECTIO	ON, LLC		
		Firm/Company		,.
	10510 WEYBRIDGE DR			SECRETARY OF CE 2023 OCT -2
		Address		OCT
	TAMPA FL 33626			-2
	PLUMBING2PERFECTIO	City/State and Zip Code N@yahoo.com		OF STATE REPORATION OF STATE REPORTED TO STATE REPORT AT THE PH 3:
	E-mail address: ()	to be used for future annual report notif	ication)	61 380
For further information c	concerning this matter, please ea	dh:		
BRIAN PHILEMON		727 270-5558		
Name o	of Person	at () Area Code Daytime	Telephone Number	_
Enclosed is a check for t	he 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 I Certificate of Certified Copy (additional copy i	Status & y
Mailing Addres Registration		Street Address: Registration Sec	rtion	
Division of C		Division of Corp		
P.O. Box 632	•	The Centre of T	allahassee	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records Liability Company)	··)		
y were filed on 08/18/23	and assigned		
bility company here:			
ility Company," the designation "LLC"	or the abbreviation "L.L.C."		
NA	DIV. S 2022		
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	97 PP 0		
NA			
	19 % 10 %		
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address on our records, enter (the name of the new register		
Enter Florida street address			
, Florida			
City	Zip Code		
<u>:</u>			
	bility company here: ility Company," the designation "LLC" NA NA And Enter Florida street address Florida		

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>	Address	Type of Action
FRO	CHERYL PHILEMON	10510 WEYBRIDGE DR TAMPA FL 33626	□Add
			= Remove
			□Change
			□Add
			Remove DIVISION CHAPET
			FILED FILED LOF CHERY OF STAFE
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						- 77 (5) (5) (5) (6) (7) (7) (7)
		08/17/23				÷ 258
ffective date, if other than an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on th	s block does not r	ig:d cannot be prior t meet the applica	o date of filing o ble statutory fi	r more than 90 ling requiren	(optional) days after filing.) nents, this date v	Pursuant to 605.02 vill not be listed
record specifies a delayed effe	ctive date, but no	t an effective tir	ne, at 12:01 a.i	m, on the ear	ier of: (b) The	90th day after th
l is filed.						
					er	