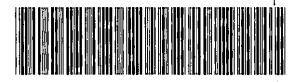
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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor	porations		
, JW HARRI SUBJECT:	S PIPING, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John W. Harris		
		Name of Person	
	JW Harris Piping, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3448 Crystal Springs Road	ı	
		Address	
	Zephyrhills, Florida 33540		
	,	City/State and Zip Code	•
	jwharrispiping@yahoo.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
John W. Harris		813 416-3571 at ()	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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

TO:

Registration Section

Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2019 JAN 24 PM 2: 09

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and assigned
r the abbreviation "L.L.C."
1

enter the name of the new
· · · · · · · · · · · · · · · · · · ·
da
Zip Code

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
MGRM Angela A. Popple	13445 14th Street, Dade City, Florida 33525	■ Add	
			□ Remove
			Change
			□ Add
	 	Remove	
			Change
			Remove
			Change
	- -		
		☐ Remove	
		☐ Change	
		Remove	
		Change	
	 		
		Remove	
			Change

. If amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
	
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Note: If the date	optional) 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 (inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he record speci The 90th day	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: \prime after the record is filed.
Dated	2 nd 201 k 9
	Signature of a member or authorized representative of a member
John W	V. Harris
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00