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Special Instructions to Fi	lling Officer:	
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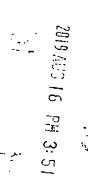
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COVER LETTER

то:	Registration Se Division of Co			
CHDI		Plumbing, LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Paul Cipparone		
		Cipparone & Cipparone, P	Name of Person .A.	
		1525 International Parkwa	Firm/Company y. Suite 1071	
		Lake Mary, Florida 32746	Address	
		pcipparone@cipparonepa.co		
For fu	rther information o	E-mail address: (concerning this matter, please or	to be used for future annual report no all:	ntification)
	Cipparone	γ	321 275-5914	
	Name o	of Person		me Telephone Number
Enclo	sed is a check for t	he following amount:		
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fahrenheit 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 $\frac{10/25/2010}{}$ and assigned Florida document number L10000111264 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

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.

___. Florida ____

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
Mgr	Danielle Harris	410 North Street, Suite 154 Longwood, Florida 32750	■ Add
			□ Remove
			Change
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Tective date, if other that an effective date is listed, the dote: If the date inserted in secure or in the secure of the secur	ate must be specific at this block does not	nd cannot be prior	to date of filing o	more than 90 da ling requiremen	(optional) ys after filing.) Pu ts, this date will	rsuant to 605.02 not be listed:
record specifies a de The 90th day after the	layed effective e record is filed	date, but not I.	t an effective	time, at 12	:01 a.m. on	the earlier
ed August 12		2019	<u> </u>			
	Soft 18	NADO				
	Signature of a	member or author	rized representati	ve of a member		

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Filing Fee: \$25.00