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(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: 1	Registrat Division o	on Section Corporations	
SUB IEC		Plumbing LLC	
SUBJEC	.1:	Name of Limited Liability Company	
The enclo	sed Artic	es of Amendment and fee(s) are submitted for filing.	
Please ret	urn all co	respondence concerning this matter to the following:	
		Steven Kaplan	
		Name of Person	
		TBG Plumbing LLC.	
		Firm/Company	
		1319 Central Terrace	
		Address	
		Lake Worth FL 33460	
		City/State and Zip Code	
		skap9187@aol.com	
		E-mail address: (to be used for future annual report notification)	
For furthe	r informa	on concerning this matter, please call:	
Steven Ka	aplan	561 674-5035	
	N	me of Person Area Code Daytime Telephone Number	
Enclosed :	is a check	for the following amount:	
\$25.00	0 Filing F	Certificate of Status Certificate of Status Continuous Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & Oy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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

Kaplan Plumbing LLC.		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	0/10/2	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
TBG Plumbing LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1319 Central Terrace	
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth FL 33460	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9189 Boca Gardens Circle South Apt.#F Boca Raton FL 33496	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
Name of New Registered Agent:	-///	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	·	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of May Registered Agent

Page 1 of 3

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or 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 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>	Name	Address	Type of Action
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			Change
			□ Add
			□ Remove
			☐ Change
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(If an eff <u>Note:</u>	ive date, if other than the date ective date is listed, the date must be so all the date inserted in this block of ent's effective date on the Depart	specific and cannot be prior to date of filing or mor does not meet the applicable statutory filing	(optional) e than 90 days after filing.) Pursuant to requirements, this date will not be	605.0207 (3 listed as th
the rec) The	cord specifies a delayed eff 90th day after the record	ective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the ea	arlier of:
Dated				
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		ature of a member or authorized representative of	ंक्ट्रेसी रुद्ध 👫	-
	Steven Kaplan			
		Typed or printed name of signee		_ ~ 5
			4: 34 STATE LORIDA	
		Page 3 of 3	DE F	,

Filing Fee: \$25.00