## L12000151603

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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: MIAN	MI EMERGENC Name of Lim	Y PLUMBING LI ited Liability Company	_C		
	Amendment and fee(s) are sub- indence concerning this matter				
	Vaneura Fo	Name of Person			
	MIAMI EMERE	ENCY PLUMBING Firm/Company	LLC		
	6008 N	IW 6 AVE		10 <b>2</b>	
	Miami_FL	33127 City/State and Zip Code		2021 JUL 19 Secretary	
	Admin @ abra	os olumbinalic - Co	incation)	19 PM 2: I	
For further information ed	oncerning this matter, please ca	all:		2: I	
Vaneusa Name of	Fairley	at ( <u>305</u> ) <u>910 -</u> Area Code Daytime	3817 e Telephone Number	<u> </u>	
Enclosed is a check for th	e following amount:				
S25.00 Filing Fee      S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co tadditional cop	of Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MIAMI EMERGENCY PLUMISING 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 Co	ompany were filed on	13 2012 and assigned	
Florida document number <u>L 12000151603</u>	 	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:	. •	
2 BROS PLUMBING,	LLC	SE 22	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation "L.C."	
Enter new principal offices address, if applicable:		7>5	
(Principal office address MUST BE A STREET ADDR	ESS)		
	<del></del>	Sign is O	
		TA -	
Enter new mailing address, if applicable:		- Fri -	
(Mailing address MAY BE A POST OFFICE BOX)			
	<del>-</del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida Zip Code	
	C':	Zip Code	
	City	·	
New Registered Agent's Signature, if changing Registered	Agent:		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	Agent:  and agree to act in this capa  amplete performance of my  ent as provided for in Chap	duties, and I am familiar with and ner 605, F.S. Or, if this document is	

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
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			□Remove
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an effective ote: If th	re date is listed ne date insert	r than the da the date must be ed in this block ate on the Depa	specific and does not n	cannot be proceed the app	ior to date of licable statt	filing or more the	an 90 days af	tional) ter filing.) Pt his date wi	irsuant to 6 II not be 1	505.0207 isted as
record spo is filed.	ecifies a dela	yed effective d	ate, but not	an effective	e time, at 12	;01 a.m. on th	e earlier of:	(b) The 9	0th day a	fter the
ated	July	\ <b>a</b> sig	mature of a	2021 Currenter or all	inforted roun	esentative of a	member			
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Filing Fee: \$25.00