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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2021 OCT 11 PM 7: 12 SECRETARY OF STATE ALL ANASSEE, FOR FO

COVER LETTER

	gistration Secti vision of Corpo			
SUBJECT	: Jfar	Plumbing 1	of Florida	
		Name of Lim	ited Liability Company	
The enclose	ed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspond	ence concerning this matter	to the following:	
		Cameron	Name of Person	
		Star Plumk	A . 1	
		PD BOX 15	7/08	
		Sarasota,	Address 3123	9
		Cano, Star E-mail address:	City/State and Zip Code City/State and Zip Co),/oM
For further	information con	cerning this matter, please c	all:	
Cam	Name of P	nc) erson	at (A) Area Code Daytime	-8252 Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	S30.00 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)
<u>M</u>	ailing Address:	ction	Street Address:	ion

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

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

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

FILED

11. 12. . 0

2021 OCT 11 PM 7: 12

That Plumbing of Flo	SECRETARY OF STAIR TALLAHASSEE, FLORICE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bullet \frac{1}{2} \fr	were filed on $4-2-2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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.

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
<u>Juner</u>	Nova Holland	6077 Diana RD	□Add
		6077 Diana RD VINICE, PL 34293	Remove
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Note:	ive date, if other than the date of filing: DCHOBER 5 2021 (optional) fective date is 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them?'s effective date on the Department of State's records.
he recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	10-5
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00