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S. YOUNG

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations		. 4*	
24/7 Plun	nbing, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Diane N	oonan		
		Name of Person	, <u>-, , , , , , , , , , , , , , , , , , </u>	_
	24/7 Plu	umbing, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	-
	10730 N	SE(
		Address		聖夏四
	Sunrise,	Fl. 33351		ASSECT.
		City/State and Zip Code		D 2:50 OF STATE OF STATE
		011Restoration.com		
		to be used for future annual report no	tification)	10 A SO
For further information co	oncerning this matter, please ca	all:		
Diane Noonan		954 507-3754 at ()		
Name o	f Person		me Telephone Numb	er
Enclosed is a check for the	na following amount:			
	_	D \$55.00 EU. F 6	F 640.00 I	PW P
■ \$25.00 Filing Fee	□ \$30.00 Filing Fec & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	riting ree, cate of Status & ed Copy nal copy is enclosed)
Registr	ING ADDRESS:	Registration Sect		
	on of Corporations ox 6327	Division of Corp Clifton Building	orations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24/7 Plumbing, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on January 7, 20	15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		TALL SEL
		LAK 'A
		ASA II
		SEE 5 Im
Enter new mailing address, if applicable:		- ING 3 0
Mailing address MAY BE A POST OFFICE BOX)		- 51 %
		<u></u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	,	Florida
	City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Tomas Lelelzuk	10730 NW 53 Street	Add
		Sunrise, Fl. 33351	Remove
			Change
		•	Remove
			Change
			SECRETARY OF REMOVE
			Remove Remove Remove Change
			Change
			Add
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ocument's effective dat	te on the Department	of State's records	S.			
e record specifies a The 90th day afte			ot an effective	e time, at 12:0:	l a.m. on th	e earlier
November 2	o	2015				
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Typed or printed name of signee

Filing Fee: \$25.00