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Florida Department of State

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COVER LETTER

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TO: Registration Division of C	Section Corporations
	REPAIR AND SERVICE CORP
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fec(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	Annette Mota
	Name of Person
	API Processing - Licensing, Inc.
	Firm/Company
	3419 Galt Ocean Drive Suite A
	Address
	Fort Landerdale FL 33308
	City/State and Zip Code
	### In address: (to be used for future annual report notification)
For further information	r concerning this matter, please call:
Annette Mota	101 0010 111
Name	at () c of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLENN REPAIR AND SERVICE O	CORP	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	_
The Articles of Organization for this Limited Liability Company	were filed on 08/12/2016 ar	nd assigned
Florida document number <u>L16000156350</u>		2023
This amendment is submitted to amend the following:	LT AH	
A. If amending name, enter the new name of the limited liabil	lity company here:	ယ } မ ှာမှု ရ
GLENN PLUMBING LLC	9.00 9.00	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviati	on "L.t.C
Enter new principal offices address, if applicable:		Δ <u>τ</u>
(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 adagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of th	<u>e new registered</u>
New Registered Office Address:		
	Enter Florida street address	
	. Florida Zip (Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familia covided for in Chapter 605, F.S. Or, if this i	r with and 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:

23000 @ ## 49

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		/	□ Change

		/	□Remove
			□Change
		·	□ Remove
			□Change
			□Add
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,			☐ Change
$-\!\!\!\!\!/$			□Add
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Note:	The date, if other than the date of filing: $\frac{6/12/23}{6}$ (optional) crive 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 (3) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord is file	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 d.
	G/12/2023 Hild Signature of a member or authorized representative of a member
	'allit
	Signature of a member or authorized representative of a member
	Glenn Pena Pineda
	Typed or printed name of signee

Filing Fee: \$25.00