# 116000164460

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Name Change/Amenament

Office Use Only



900437133969

09/25/24--01031--015 \*\*80.00

SIGNIF CO MILESTATE
TALLAHASSEE, FL

1 1

(.)

## **COVER LETTER**

TO: Registration Section Division of Corpora						
SUBJECT: Big Bad Renovations LLC Name of Limited Liability Company						
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.				
Please return all corresponde	nce concerning this matter to	the following:				
	Blayr	ne Furey Name of Person				
		Firm/Company				
	140 1	Sland Way Su	ite 279			
	Clearwa	ter F133: City/State and Zip Code Fucey a Go	767			
-	E-mail address: (to	be used for future arrhual report notifica	ition)			
For further information conc	erning this matter, please cal	il:				
Blayne Fu Name of Pe	rson	at (727) 30 Area Code Daytime T	- 1220. Telephone Number			
Enclosed is a check for the following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	F
Bi 6 Bad Renou (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our Attorney 25 Art 2: 28
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1600164460</u> .	were filed on 69/07/12/01/68 andrassigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Plumbs up Pinellas LLC The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	140 ISland Way Suite 279 Clearwater F1 33767
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter riorida street address
	, Florida
Now Designated Assetts Simurous if sharping Designated Agents	

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, 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
			□Add
			□Remove
			□ Change
-			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
		***	□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Changa

# Page 2 of 3

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del> -	
Note: lf	e date, if other than the date of filing:
ie reco The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 00th day after the record is filed.
Dated _	09/20 2024
	Signature of a member or authorized representative of a member
	DI

Page 3 of 3

Filing Fee: \$25.00

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Big Bad Renovations LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Blame Fucey				
· · · · · · · · · · · · · · · · · · ·				
Firm/Company				
140 ISland Way Suite 279 Address				
Clearwater F133767  City/State and Zip Code  Blayne Forey a Gma, com  E-mail address: (to be used for future arrhual report notification)				
For further information concerning this matter, please call:				
Blayne Furey at (727) 303-1220.  Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & 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