

1600164460

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Plumb	s Up Pinellass LLC		
301,001.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Blayno	e Furey	
		Name of Person	
	Plur	mbs Up Pinellass LLC	
		Firm/Company	
	140 ls	sland Way ste 279	
		Address	
	Clearwa	ter Fl 33767	
		City/State and Zip Code	
		enovations@gmail.com to be used for future annual report noti	(ication)
For further information of	oncerning this matter, please c	·	
Blayne Furey		at ()727-51	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 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>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	tallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plumbs Up Pinellass LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L16000164460</u>	vere filed on 9/25/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Big Bad Renovations LLC	<u> </u>
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2355 Nursery Road Clearwater Fl 33764
(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:	140 Island Way Suite 279 Clearwater FI 33767 Idress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address Florida City Cit
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 publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 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
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			Remove
			□Change
			⊡∧dd
			□Remove
		-14	□Change
			□Add
			□Remove
			[]Change

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m am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	Dann France
	Signature of a member or authorized representative of a member
	Diament Francis
	Blayne Furey Typed or printed name of signee

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Filing Fee: \$25.00