

L17000035451

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRO-TEAM PLUMBING, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 18 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pro-Team Plumbing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2024 JAN 17 PM 4:15
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 14, 2017 and assigned
Florida document number L17000035451

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 740 4th Street North, #308
St. Petersburg, FL 33701
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 740 4th Street North, #308
St. Petersburg, FL 33701
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address

Plantation, Florida 33324
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.

/s/ John Flynn, Vice President

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>	<u>Address</u>	<u>Type of Action</u>
Authorized Representative	Kyle Bobinski	4237 Holden Road	<input type="checkbox"/> Add
		Lakeland, FL 33811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Representative	Robert Wilder	4237 Holden Road	<input type="checkbox"/> Add
		Lakeland, FL 33811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 17, 2024

Robert E. Wilder, III

Signature of a member or authorized representative of a member

Robert E. Wilder, as Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00