## L17000130918

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 FEB - 1 AM 9: 59 SECK SINC OF STATE TALL MINNESEE, FL

## **COVER LETTER**

SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	KIMBERLY LEVREAUU	r		
		Name of Person		
	R&K PLUMBING LLC			
		Firm/Company		
	2162 ANTILLIES DR			
		Address		
	PENSACOLA, FL. 32506			2023 SE(
		City/State and Zip Code		71.7 71.7 9 <b>.FE</b>
	randkservices911@gmail.ec	om		
	E-mail address: (0	to be used for future annual report notifies	ation)	54 일을 <b>즐</b>
For further information co	neerning this matter, please co	ill:		ES 7
KIMBERLY LEVREAUL	Т	850 202-6004		2023 FEB - 1 AM 9: 59 SECRITARY OF STATE TALLARASSEE, FL
Name of	Person	at ()	Telephone Number	
Enclosed is a check for the	: following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	<b>3 \$55.00 Filing Fee &amp;</b>	□ \$60.00 FI	ling Fee,
a decided time rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified	te of Status & Copy copy is enclosed)
Mailing Address	:	Street Address: Registration Sect		

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

Division of Corporations

TO:

Tallahassee, FL 32314

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

**R&K PLUMBING LLC** 

(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)		
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 "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:		SE 202	
(Principal office address MUST BE A STREET ADDRESS)			
	ر ر		
		Ti diameter	
(Mailing address MAY BE A POST OFFICE BOX)			
Name of New Registered Agent:	ddress on our records, enter the name o	of the new registered	
New Registered Office Address:	Enter Florida street address		
Now Designated Agent's Signature if changing Designated Agents		Zip Code	
	performance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if i	niliar with and 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
MGR	ROBERT LEVREAULT	2162 ANTILLIES DR. PENSACOLA, FL. 32506	<b>=</b> Add
			□Remove
			□Change
MGR	KIM,BERLY LEVREAULT	2162 ANTILLIES DR. PENSACOLA, FL. 32506	≣Add
			□Remove
			□Change
			CìAdd
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Filing Fee: \$25.00