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TO:

Registration Section

Divi	ision of Cor	porations		
SUBJECT:	HAROLD'S	S AT PLUMBING & HOME S	ERVICES, LLC	
SOBJECT.		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		HAROLD ANTHONY DO	DUGLAS	
			Name of Person	
		HAROLD'S A1 PLUMBIN	NG & HOME SERVICES, LLC	
			Firm/Company	
		575 NACKMAN ROAD N	· .	
			Address	<u>,</u>
		PALM BAY, FLORIDA 3	Address 12907 City/State and Zip Code	: 5
			City/State and Zip Code	Ď
		haroldsa l handyman@gmail		
P 2 1 1			to be used for future annual report notification)	PH 4: 09
For further in	itormation c	oncerning this matter, please concerning this matter, please concerning this matter.	all:	09
HAROLD A	NTHONY E	OOUGLAS	321 729-9632 at ()	,
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Reg Div P.O	iling Addres gistration S vision of C D. Box 632 lahassee, I	section orporations 7	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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/13/2017	and assigned
Florida document number L17000212737		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HAROLD'S AT PLUMBING & HOME SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	575 NACKMAN ROAD NW	2023
(Principal office address MUST BE A STREET ADDRESS)	PALM BAY, FLORIDA 32907-2806-	
	<u></u>	0
	₩ \$9.0	P 1
Enter new mailing address, if applicable:	ंति ,	(r) = (a)
(Mailing address MAY BE A POST OFFICE BOX)	77	9
		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter the name	of the new regist
agent and/or the new registered office address here:		
Name of Nine Deviational Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the	date of filing:	2/28/23		(optio	nal)		
an effective date is listed, the date must ote: If the date inserted in this bl	be specific and cann	ot be prior to date	of filing or more that	in 90 days after	filino I P	ursuant to	605.020 listed a
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February 27th	20)23					
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Filing Fee: \$25.00