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COVER LETTER

TO:	Registration Sec Division of Corp			•		
aun in		ritage Piping Services LLC.	•		•	· · ·
SUBJE	CT:	Name of Lim	ited Liability Company			_
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		Donald Christopher Griffit	h			
			Name of Person		•	
		Southern Heritage Piping S	Services LLC.			; ;=
Division of Co Southern I SUBJECT: The enclosed Articles of Please return all corresponding to the Corresponding Subject of the Corresponding Subject of Subject o		Firm/Company				
		13930 Fruitville Rd.				
			Address		······································	
		Sarasota, Fl. 34240	. بر برد ال			
			City/State and Zip Code	<u> </u>		
		Southernheritagellc@gmail		· · · · · · · · · · · · · · · · · · ·		_
			to be used for future annual	report notifica	iion)	
For furt	her information co	oncerning this matter, please c	all:			
Don Gr	riffith		941 92 at ()	9-8467 		
	Name of	f Person	Area Code	Daytime To	elephone Nun	nber
Enclose	ed is a check for th	ne following amount:				
□ \$2±	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is end		Certi Certi	O Filing Fee, ficate of Status & fied Copy is enclosed)
	Mailing Address		Street A	ddress: ation Section	On.	
	Registration S Division of C			on of Corpo		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOUTHERN HERITAGE PIPING SERVICES LLC.

(A Florida Limited I	iability Company)	ecoras.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000252322</u> .	were filed on 12/11/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4 63
(Principal office address MUST BE A STREET ADDRESS)		
		(.)
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)		• : :-
		j. G
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street a	ddress
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· ·	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my dutie provided for in Chapter (es, and I am familiar with and 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
MGR	BARBARA C GRIFFITH	13930 FRUITVILLE RD. SARASOTA, FL. 34240	□Add
			=Remove
			□Change
			□Add
			□Remove
			□Change
<u>. </u>			□Add
			Remove :
		·	□Change
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ective date, if other than the date of filing:				(option	al)	
effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a	e prior to da	te of filing or	more than 90	days after fil	ing.) Pursua	nt to 605.020
rument's effective date on the Department of State's rec	cords.	statutory in	ing require	nems, mis u	ate will no	i de listeti e
cord specifies a delayed effective date, but not an effect s filed.	tive time, a	at 12:01 a.n	i. on the ear	lier of: (b)	The 90th o	lay after the
ed JULY 11TH 2022						
.ea		/				
Donald C	21.1	1				