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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KING dom Plumbing L. L. & Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
AlloERT BAETLETT TIL
Kingdom Plumbing CLC.
4898 CARdIWAL FRAIL Address
PALM HARbor FL 34682 00 City/State and Zip Code
E-mail address: (to be used for future unitual report notification)
For further information concerning this matter, please call:
AlbErt BARUETT at (727) 280-3741 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING dom Plumbing (Name of the Limited Liability Compa (A Florida Limited I	uny as it now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L180000 5 41038</u> .	were filed on Febuary 26,2018 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 Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AlbERT H. BARTIETT FILL. 4898 CARDWAL TRAIL PALM HARBOR, FL 34683
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: Albert Paralle	ARINR Florida 34683

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.

f 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
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(If an effective Note: If the	date, if other than the e date is listed, the date mu he date inserted in this b s effective date on the D	st be specific and car lock does not meet	t the applicable stat	f filing or more than 90 tutory filing requirem	days after filing.) I	tursuant to 605.02
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Filing Fee: \$25.00