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| | (Requestor's Name) | |
|----------------------|--------------------------|--|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UI | P WAIT MAIL | |
| | (Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions | s to Filing Officer: | |
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SECRETARY OF STATE

TALLAHAS SEE STATE

A. BUTLER
MAR 2 2 2022

COVER LETTER

| TO: | Registration S Division of Co | orporations | • | |
|--------------|----------------------------------|--|--|---|
| SUBJI | ECT: | | Property ited Liability Company | Repair LLC |
| The en | closed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all corresp | condence concerning this matter | to the following: | |
| | | Ryean S | Santiago | |
| | | Superior | Name of Person Property Rep | air |
| | | | Firm/Company | |
| | | 5061 SW | 94th Ave | <u> </u> |
| | | | | |
| | | flproplur E-mail address: (| City/State and Zip Code nbing @ gmain to be used for future annual rep | V.COM port notification) |
| For fur | ther information | concerning this matter, please of | | |
| P | | Santiago | at (754) 3 (Area Code) | 67-4342 |
| | Name | of Person | Area Code | Daytime Telephone Number |
| Enclos | ed is a check for | the following amount: | | |
| ⅓ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

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

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

| Superior Propert | -y Repallither AM 6: 32 |
|--|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | <u> </u> |
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L18600113807</u> | were filed on 05 07 2018. and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabile Florida Pro Plumbing LLC The new name must be distinguishable and contain the words "Limited Liability Property of the new name must be distinguishable and contain the words "Limited Liability Property of the new name must be distinguishable and contain the words "Limited Liability Property of the new name of the limited liability property of the new name of the new name of the limited liability property of the new name of the new name of the limited liability property of the new name of the new nam | |
| | y Company, the designation (13.C. of the aboreviation (13.C.) |
| 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) | |
| | |
| B. If amending the registered agent and/or registered office adapted agent and/or the new registered office address here: | dress on our records, enter the name of the new registered |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | . Florida |
| | Cuy Zıp 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, Structure 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 |
|--------------|-------------|---------------------------------------|----------------|
| \ | | | |
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| | | | □Change |

Page 2 of 3

• . . .

| D. If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------|--|
| _ | New email: flproplumbing@gmail.com |
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| _ | |
| Note: II | e date, if other than the date of filing: |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed. |
| Dated _ | 03/05/2022 |
| | Ignature of a member or authorized representative of a member |
| | Ryean Santiago Typed or printed name of signee |
| | Typed or printed name of signee |

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Filing Fee: \$25.00