118000156619

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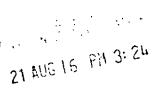
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COVER LETTER

TO: Registration So Division of Con					
	Morrell Plumbing LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alex C. Najarian, Esq.				
		Name of Person			
	The Corneal Law Firm				
		Firm/Company			
	509 Anastasia Blvd.				
		Address			
	St. Augustine, FL 32080				
		City/State and Zip Code	.		
	alex@corneallaw.com	to be used for future annual report not	Was San		
For further information c	e-mail address: (•	incation)		
Alex C. Najarian, Esq.		904 819-5333 at ()			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



William J. Morrell Plumbing LLC			
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liab Florida document number L18000156619	bility Company w	ere filed on June 26, 2018	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liabili	ty company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation "L1.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>		
			
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on our records, enter the n	ame of the new registered
Name of New Registered Agent:		- 	
New Registered Office Address:		Enter Florida street address	
		, Florida	
		City	Zin 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 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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	William J. Morrell, III	301 Santorini Street	= Add
		St. Augustine, FL 32086	□Remove
			□Change
			□Add
			□Remove
			Change
		 	
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

D. Hame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efl <u>Note:</u>	ive date, if other than the date of filing:
If the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	August 10 2021 Um Month Signature of a member of authorized representative of a pember
	Signature of a member of authorized representative of a member
	William J. Morrell
	Typed or printed name of signee

Filing Fee: \$25.00