## 118000181270

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## COVER LETTER

TO: Registration S Division of Co			
	umbing LLC		
SOBJECT:	Name of Lin	nited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Peter Prince		
		Name of Person	
	Royal Financial		
		Firm/Company	
	6601 Memorial Highway		
		Address	, , , , , , , , , , , , , , , , , , , ,
	Tampa,Fl 33615		
	***	City/State and Zip Code	
	Peter@royalfmancialtax.co		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
Peter Prince		352 348-9897	
Name o	of Person	Area Code Daylime	e Telephone Number
Enclosed is a cheek for t	he following amount:		
区\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Registration	Section	<u>Street Address:</u> Registration Sec	
Division of C	zorporations	Division of Cor	poranons

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

Rohan's Plumbing LLC				
(Name of the Lin	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	_	
The Articles of Organization for this Limited Florida document number L18000181270  This amendment is submitted to amend the following the fol	Liability Company		and ass	igned
A. If amending name, enter the new name	of the limited liab	nitity company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6045 18th Street South		
		St. Petersburg Fl, 33712		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	i kovo	6045-18th Street South St. Petersburg Fl, 33712		
B. If amending the registered agent and/or		address on our records, enter the	name of the ne	registered
agent and/or the new registered office addr			623	
Name of New Registered Agent:	Peter Prince		<b>\$\$</b> _	_ <u></u>
New Registered Office Address:	6601 Memorial	Highway  Enter Florida street address		0
	Tampa		la <sup>33615</sup>	<u></u>
		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 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
MGR	Maurice Francis	6045 18th Street South	■Add
		St. Petersburg, Ft 33712	
			[]Change
•		<del>.</del>	
			ElChange
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
		<del></del>	
		□Remove	
			[]Change
- <del></del>			CIAdd
			URemove
			EJChange

(If an c Note	effective date, if other than the date of filling:
he rece ord is t	ord 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 filed.
Dated	1 07/29/2021
	Signature of a member or authorized representative of a member
	Aon Rowe Typed or printed name of signee

Filing Fee: \$25.00