118000219298

(Re	questor's Name)	
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COVER LETTER *

TO: Registration Section Division of Corporations				
SUBJECT: PIPC F	Name of Limited Li	1BIFY L	LC	
The enclosed Articles of Amendment and	l fee(s) are submitted	I for filing.		
Please return all correspondence concern	ng this matter to the	following:		
	Andr	Name of Person	10.	
<u>P</u>	1.Pc H5	Plumbing L Firm/Company	<u>LC</u>	
	2121 L	Acces 2d Address	Apt 2.09	
	Orlando	FZ 3 2 8 C	<u>بخم</u>	
<u></u>	mail address: (to be u	sed for future annual repo	Grail. Cm	
For further information concerning this m	atter, please call:			
Andies hortale	· · · · · · · · · · · · · · · · · · ·	_ at (7 8 6 _) <u> 9 5 </u> Area Code <u> </u>	7 103 C Paytime Telephone Number	
Enclosed is a check for the following amo	ount:			
ÉN. \$25.00 Filing Fee ☐ \$30.00 Fili Certificat	ing Fee & Grant British Brit	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Registration : Division of C Clifton Build	orporations ing ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIPE HB Plumbing LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	na 114 (2018
The Articles of Organization for this Limited Liability Company were filed on	04/14/2018 13000214298 and assigned
	and assigned
Florida document number <u>L18000219298</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the do	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	20,9
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new
registered agent and/or the new registered office address here:	·
	30
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	da street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this c	
provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in C	
being filed to merely reflect a change in the registered office address, I hereb	

If Changing Registered Agent, Signature of New Registered Agent

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ivonne M Bailoza	2121 Mccoy Rd apt 3 Orlando, FZ 32809	2 <u>09</u> 🗆 Add
		Orlando Fz 32809	XRemove
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Dated	Junc	25	•	2016		>)			
	-	Sign	auneolan	iendoer orau	honsed represe	ntative of a mer	nber	-	

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Filing Fee: \$25.00