L19000016647

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Y. SCOTT

COVER LETTER

Registration Section Division of Corporations

TO:

	SERVICES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NELSON L HERRERA L	ABARTA	
		Name of Person	· · · · · ·
	ABOVE		
		Firm/Company	. 2
	3505 AVION WOODS C	TAPT 904	2023 HAY 31 PM 3: 34
		Address	
	NAPLES, FL 34104		31 P
		City/State and Zip Code	cation)
			· · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notific	cation)
For further information e	oncerning this matter, please c	all:	
NELSON L HERRERA	LABARTA	239 601-8883	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sect Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee, I			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LABARTA SERVICES LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed	on 01/15/2019 and assigned
Florida document number L19000016647	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
BELLE PLUMBING LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	
	202
	2023 HAY
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	
	19 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14
·	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	2000
En	ter Florida street address

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.

City

If 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 = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	YENY TRUJILLO DIAZ	3505 AVION WOODS CT APT 904, NAPLE, FL	3410 ■Add
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			Change
			DAdd
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ective date, if other than t	he date of filing	T •		(opt	ional)	
effective date is listed, the date e: If the date inserted in this timent's effective date on the	must be specific and block does not n	l cannot be prior to onect the applicable		e than 90 days afte	r filing.) Pu	
cord specifies a delayed effects filed.	ctive date, but not	an effective time	e, at 12:01 a.m. or	the earlier of: (b) The 9	Oth day after th
MAY5th		2023				
Melson	£ Skerre	ra Poperti	f.			
T	Signature of a i	nambbr or suthons	ed representative o	n member		

Filing Fee: \$25.00