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COVER LETTER

Divisio	n of Corp	orations			
SA SUBJECT:	M PLUM	BING LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Art	ticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		JAIRO LOPERA			
			Name of Person		·
		SAM PLUMBING LLC			
			Firm/Company		
		1311 19TH STREET SW			
			Address		
		NAPLES FL 34117			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		.
		sam.plumbingllc@hotmail.c			
		E-mail address: (t	to be used for future annual	report notificatio	on)
For further inform	mation cor	ocerning this matter, please ca	all:		
JAIRO LOPERA	A		239 776 at ()	6-0885	
	Name of I	Person	Area Code	Daytime Tele	phone Number
Enclosed is a che	eck for the	following amount:			
■ \$25.00 Filing		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILIN	G ADDRESS:	STREET	T/COURIER A	ADDRESS:

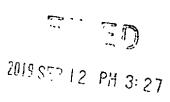
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SAM PLUMBING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(ivite)	TRIA CHINACI CIAD	ing company)		, .
The Articles of Organization for this Limited Liability	y Company we	re filed on 01/25/19)	and assigned
Florida document number L19000027263				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability	company here:		
The new name must be distinguishable and contain the words "I	Limited Liability (Company," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	_			***
(Principal office address MUST BE A STREET AD.	<u>DRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 ;			
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:	ddress here:			
New Registered Office Address:		Enter Florida sti	veet address	
			Florida	
		City	, 1 1011.00	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete per l agent as prov ered office add	formance of my a vided for in Chapi	uties, and I am fo er 605, F.S. Or,	amiliar with and if this document is
	If Changin	z Registered Agent, <u>S</u>	ignature of New Re	zistered 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>	<u>Address</u>	Type of Action
MGR	JOSEPH C. RUSSELL	4625 12TH AVE SE	■ Add
		NAPLES FL 34117	■ Add
			Remove
			□ Change
		_	Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
		·	□ Add
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			☐ Change

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ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	se specific and cannot be prior k does not meet the applic	able statutory filing re		.) Pursuant to 605.0207
e record specifies a delayed of The 90th day after the recor		t an effective tim	ne, at 12:01 a.m.	on the earlier o
September 10th	2019			
i 1		 `		
yen	ignature of a member or autho	rived representation of	2 member	
/ 3	grature of a memoer of attitle	Auxer representative 01	и илениост	
_		/	AR)	

Page 3 of 3

Filing Fee: \$25.00