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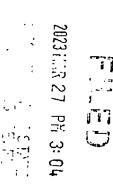
(Requestor's Name)
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Y. SCOTT MAY 1 3 2023

## **COVER LETTER**

TO:	Registration S Division of Co		The second of th	••
		Best Plumbing, LLC		
SUBJE	CCT:	Name of Li	mited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matte	er to the following:	
		DAWN SIPLEY		
			Name of Person	
		SIPLEY THE BEST		2023 MAR 27
		<del></del>	Firm/Company	
		3502 S. Park Ave		27
			Address	P 5
			Addiess	PH 3: Q
		Sanford, Florida 32771		40
		d O-:lk	City/State and Zip Code	
		dawn@sipleythebest.com	(to be used for future annual report not	tification)
For fun	her information o	concerning this matter, please		
Dawn :	Sipley		407 383-2411	
Name of Person		at () Area Code Daytin	ne Telephone Number	
			·	
Enclose	ed is a check for t	he following amount:		
□ \$2:	5,00 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: Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIPLEY THE BEST PLUMBING, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 119000041625	were filed on 2/11/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Sipley The Best Handyman Services LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3502 S. Park Ave
Principal office address MUST BE A STREET ADDRESS)	Sanford, Florida 32773
	23
	1 AR 2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	-	Type of Action
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				_ □Remove
				_ 🗆 Change
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				_ □Remove
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e: If the date inserted in this tament's effective date on the l			tatutory filing req	uirements, this o	late will no	t be listed a
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cord specifies a delayed effecti	ve date, but not an o	effective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th	day after the
ifiled.						
3/16/23						
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		) [[				
	Signature of a mem	nly				