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A Michael

MAR 1 2 2019 I ALBRITTON

COVER LETTER

TO:

	Registration Se Division of Cor			
eun ire	Family Plu	mbing LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	indence concerning this matter	to the following:	
		Miguel Mellado		
			Name of Person	
		Family Plumbing LLC		
			Firm/Company	
		3528 Holliday Ave.		
			Address	
		Apopka, FL 32703 ~		
		mike@mjs247.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furthe	er information e	oncerning this matter, please c	all:	
Miguel M	1ellado		321 231-1113 at ()	
	Name o	f Person -	Area Code Days	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	·
The Articles of Organization for this Limited Liability Compares	ny were filed on <u>02/13/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	<u> </u>	
Enter new mailing address, if applicable: - (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
-	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	

If Changing Registered Agent, Signature of New Registered Agent

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 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
PRES	Miguel Mellado	3528 Holliday Ave. Apopka, FL 32703	
			□ Remove
	•		Change
			Add
			□ Remove
	-		Change
	-		Remove
			☐ Change
	-		Add
			Remove
	-		Change
			☐ Remove
	*		Change
	-		Remove
			Change

cective date, if other than the date of filing: (optional)		·
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Page 3 of 3

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