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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	orations				
CUBIECT.	Plumbing By	y Jaimn LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Jamin L Gadoury				
			Name of Person			
		Plumbing By Jamin LLC				
	Firm/Company					
		7280 Moffatt Lane N				
			Address		_	
		Pinellas Park, FL 33781				
			City/State and Zip Code		_	
		gadouryjamin@gmail.com			2020	
		E-mail address: (t	o be used for future annual	report notification)	يت	
For further in	nformation co	ncerning this matter, please ca	11:		:2	
Jamin L Gadoury		727 29 at ()	4-3113			
	Name of	Person	Area Code	Daytime Telephone Number	sı ö	
					ယ္	
Enclosed is a	check for the	e following amount:				
र्च \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certific Closed) Certifie	ate of Status &	
	iling Address gistration S		Street A	ddress: ration Section		
	ision of Co		_	on of Corporations		
). Box 6327	•		ntre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plumbing By Jaimn LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) sility Company)	
e Articles of Organization for this Limited Liability Company we	ere filed on $\frac{06/28/2019}{}$ ar	nd assigned
orida document number L19000169765		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabilit	y company here:	
lumbing By Jamin LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviati	on "L.L.C."
nter new principal offices address, if applicable:		
		202
Principal office address MUST BE A STREET ADDRESS)	-	
-		
		¹ -2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		17
nutting utuness mai be a 1 051 0111CE BOA		-:2
-		<u>ည</u>
. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	iress on our records, enter the name of th	e new regis
New Registered Office Address:	Enter Florida street address	
	Times Provide 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 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	Address	Type of Action
MGR	Stephanie N Gadoury	7280 Moffatt Lane N	□Add
		Pinellas Park, FL 33781	■Remove
			□Change
			□Remove
			□Change
			□ Add
			?02 PRemove
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	- <u></u>		□Add

______ Rcmove

amending any other information, enter change(s) h	· · · · · · · · · · · · · · · · · · ·
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	plicable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective filed.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed February 21. 2020 Signature of a member or a	uthorized representative of a member
Jamin L Gado	

Filing Fee: \$25.00