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Office Use Only



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Y. SCOTT OCT 31 2021

COVER LETTER

TO:

Tallahassee, FL 32314

	ration Sect on of Corpo						
		DIMART	INELLY LLC				
SUBJECT:	<u> </u>	Name of Limit	ed Liability Company				
		mendment and fee(s) are subn					
Please return al	1 correspond	dence concerning this matter to	o the following:				
			MARTIN DIMITROV				
			Name of Person		-		
		D	MARTINELLY LLC				
Firm/Company					_ ဟု	2ñ	<u>ب</u> د
560 NE 34 TH STREET						21 0	.,-
Address					225	CT I]**
	MIAMI, FL 33137					8	3
	City/State and Zip Code DIMARTINELLY@YAHOO.COM					2021 OCT 18 PH 3: 06	
			o be used for future annual report noti	lication)		[설문 80 :	
For further infe	ormation co	ncerning this matter, please ca	ıll:				
MARTIN DIMITROV 703 420 0370							
	Name of	Person	at () Area Code Daytin	e Telephone Numbe	er		
Enclosed is a c	check for th	e following amount:					
■ \$25.00 Fil	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	filing Foe rate of Sta ed Copy af copy is en	itus &	
	ing Addressistration S		<u>Street Address:</u> Registration Se	ection			
Divi	ision of C	orporations	Division of Co The Centre of	rporations			
P.O.	. Box 632	1	THE COME OF				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIMARTIN	ELLY LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appear oility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL19000174069	ere filed on	07/05/2019		and assigned
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company h	ere:		
EVERYDAY PLUMBING LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the C	designation "LLC"	or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			SECRETA VIEW	2021 OST
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			31/41.8 ±0 7.1	8 PM 3: 06
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	idress on our	records, <u>enter</u>	the nam	e of the new regist
New Registered Office Address:	Enter Fl	orida street addres	<u>s</u>	
		, Fl	orida	
	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>	<u>Name</u>	Address]	Type of Action
				_ □Add
				_ □Remove
				_ □Change
				_ □Add
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			SSEE, FL	Gemove
				_ 🗆 Change
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Tective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block	ate of filing:	date of filing or more than the statutory filing require	(optional) 00 days after filing.)	Pursuant to 605.0 vill not be listed
ote: If the date inserted it this block ocument's effective date on the Department	artment of State's records.	ic statutory mag require		
record specifies a delayed effective o is filed.	late, but not an effective time	e, at 12:01 a.m. on the ea	urlier of: (b) The	90th day after t
ated	2021			
		y all las		
	12	Sec .		

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