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COVER LETTER

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eun irom	Mancini Ea	rth & Pipe, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please returi	n all correspo	ndence concerning this matter	to the following:			
		Stanford R. Solomon				
			Name of Person			
		The Solomon Law Group.	P.A.	Ó	~	
			Firm/Company	ECR.	022 .	COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE
		1881 West Kennedy Blvd.	, Suite D	LETAR LEAH	2022 JAN 24	
			Address	Y OF		
		Tampa, Florida 33606-161	1	ES.	PM 3: 03	
		agent@solomonlaw.com	City/State and Zip Code to be used for future annual report no		03	
For further i	nformation co	oncerning this matter, please co	·	meanony		
Stanford R.	Solomon		813 225-1818 at ()			
	Name of	Person	Area Code Daytir	ne Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status opy	
Re Di P.0	niling Address egistration S vision of Co O. Box 632 Hahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

amend the following: the new name of the limited liability company here: and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." dress, if applicable: The A STREET ADDRESS) applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registed office address here: red Agent: Address:	(A Florida Chined L	pobulity: Lampany:
applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registed office address here: Address:	Florida document number	
applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registered Agent: Address:	This amendment is submitted to amend the following:	
dress, if applicable: T BE A STREET ADDRESS) applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registed office address here: red Agent: Address:	A. If amending name, enter the new name of the limited liabi	ility company here:
applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registed office address here: red Agent: Address:	The new name must be distinguishable and contain the words "Limited Liabil"	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registed office address here: red Agent: Address:	Enter new principal offices address, if applicable:	SE 20
agent and/or registered office address on our records, enter the name of the new registered office address here: red Agent: Address:	Principal office address MUST BE A STREET ADDRESS)	
agent and/or registered office address on our records, enter the name of the new registed office address here: red Agent: Address:		AFRY OF SSE
agent and/or registered office address on our records, enter the name of the new registed office address here: red Agent: Address:	Enter new mailing address, if applicable:	
ed office address here: red Agent: e Address:	Mailing address MAY BE A POST OFFICE BOX)	
red Agent: 2 Address:		address on our records, enter the name of the new revis
: Address:	3. If amending the registered agent and/or registered office a	iddress on our records; enter the name or the new regis
	3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	entress on our records, enter the name or the new regis
Enter Florida street address	gent and/or the new registered office address here: Name of New Registered Agent:	
. Florida	gent and/or the new registered office address here:	
	gent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address Florida
	Mailing address MAY BE A POST OFFICE BOX)	03
Cuy Zip Code	Name of New Registered Agent:	Enter Florida street address Florida

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan McGuinness	5460 Southern Comfort Blvd., Tampa, FL 33634	■∧dd
			□Remove
			□Change
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