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ALL WATERFLO	RIDA.COM LLC	— <sub>]</sub>
Please Debit FCA06	00000003 For: 125	
Thank you Seth Nee	elev	
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#### **COVER LETTER**

TO: Registration Division of C				
SUBJECT: ALLWA	TERFLORIDA.COM LLC			
	Name of L	imited Liability Company		
·				
The enclosed Articles of	f Amendment and fee(s) are st	abmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
	TIMOTHY MCTAGUE			
		Name of Person		
	ALLWATERFLORIDA.	COM LLC		
		Firm/Company		
	2085 SW TRENTON LA	NE		**************************************
		Address		***
	PORT ST LUCIE, FL 34	984		ÜÌ
	-	City/State and Zip Code	E CO	A L
	E-mail address:	(to be used for future annual report noti	fication)	5. F
For further information of	concerning this matter, please of	call:	111	S
EVELINDA FLORES		at (772 ) 460-6786		
Name o	f Person	Area Code Daytim	e Telephone Number	_
Enclosed is a check for the	ne following amount:			
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing F Certificate of S Certified Copy (additional copy is	Stanis &
Mailing Address		Street Address:		
Registration S Division of Co		Registration Sec Division of Corp		
P.O. Box 632	-	The Centre of The		

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLWATERFLORIDA.COM LLC					
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our r mixed Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Com	npany were filed on 08/21/2019		an	d assigned	
Florida document number L19000213971					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company here:				
S M'S PLUMBING LLC					
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abl	breviatio	n "L.L.C."	
Enter new principal offices address, if applicable:					
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Inter new mailing address, if applicable:		(, ) (/) ( , ) (** **)	<b>≥</b>		
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. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>en</u>	iter the name	of the	new register	
Name of New Registered Agent:	. <del> </del>			<u> </u>	
New Registered Office Address:					
	Enter Florida street ad	dress	<del></del>		
		Florida			
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 08/21/2019  Florida document number L19000213971  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  5 M'S PLUMBING LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sneet address		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
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			□Remove
			□Change
			□Remove
			☐Change
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Signature di 8 metines di 80	1111011868 16131					