## 119000231805

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## **COVER LETTER**

D: Registration Se Division of Cor						
	imbing & Backflow LLC					
Name of Limited Liability Company						
	Amendment and fee(s) are sub					
lease return an correspo	ndence concerning this matter	to the following.				
	Hal Jolles					
		Name of Person				
	Nocatee Plumbing & Back	cflow LLC				
	Firm/Company					
	83 Knotwood Way					
		Address				
	Ponte verda, FL 32081					
		City/State and Zip Code				
	hjolles/@ymil.com	to be used for future annual report not	((theytion)			
For further information c	oncerning this matter, please c		(memory)			
Hal Jolles		301 346-9858				
	f Person	at () Area Code Daytir	na Talanhara Viumbur			
Name o	r retson	Mea Code Dayii	ne retefatore isumicei			
Enclosed is a check for the	ne 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 Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S	Section	Street Address: Registration So Division of Co				
Division of Corporations P.O. Box 6327		The Centre of	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{9/13/2019}{1}$ \_ and assigned Torida document number <u>L19000231805</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NOC Plumbing & Backflow LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 83 Knotwood Way Enter new principal offices address, if applicable: Ponte verda, FL 32081 (Principal office address MUST BE A STREET ADDRESS) 83 Knotwood Way Enter new mailing address, if applicable: Ponte verda, FL 32081 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

Nocatee Plumbing & Backflow LLC

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 Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added\_removed from our records</u>:

iGR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
			=
		-	□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
		□Remove	
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Effective date, if other than the of the an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicab	date of filing or more than 90 days after f le statutory filing requirements, this	nal) iling.) Pursuant to 605.0207 (3) date will not be listed as the
ne record specities a delayed effective ord is filed.	date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated December 4th	. 2019		
-##/P/ <u>*</u>	Signature of a member of authoria	zed representative of a member	
Hal Jolles			
	Typed or printed	nama at . mana	<del> </del>

Filing Fee: \$25.00