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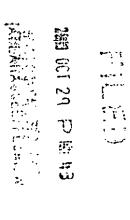
(Requestor's Name)	
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COVER LETTER

TO:

то:	Registration Se Division of Cor				
GUD ID		LEVI PI	UMBING LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
			JOHNATHAN LEVI		
			Name of Person		
		Ĺ	EVI PLUMBING LLC		
			Firm/Company		
		592	1 HOLLYWOOD BLVD)	
			Address		
		S	ARASOTA, FL 34231		
	City/State and Zip Code JOHNATHANLEVI228@GMAIL.COM				
			to be used for future annual report		
For furth	er information c	oncerning this matter, please ca	all:		
	JOHN	IATHAN P LEVI	941	724-2142	
	Name o	of Person	Area Code Da	vtime Telephone Number	
Enclosed	I is a check for th	he 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)	
		ING ADDRESS: ration Section	STREET/CO Registration Se	URIER ADDRESS:	
	Divisio	on of Corporations ox 6327	Division of Co Clifton Buildir	rporations	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MBING LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compar	ıy were filed on	10707/2019
Florida document numberL19000251829		to the final control of some
		etonic memora at the third than A
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company her	<u>'e</u> :
J. LEVI PLUI	MBING, LLC	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning dances MAT BE AT OST OT THE BOXY		
3. If amending the registered agent and/or registered	office address on	our records, enter the name of the
registered agent and/or the new registered office address he	ere:	 -
Name of New Registered Agent:		
N D 1 100 All		
New Registered Office Address:	Enter Florid	la street address
		DI 11
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	**	

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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	KIMERLI SNIECH	5921 HOLLYWOOD BLVD	_□ Add
		SARASOTA, FL 34231	
			Remove
			□ Change
			Add
			☐ Remove
			Change
			
			Remove
			Change
			☐ Remove
			Change
			
			☐ Remove
			□ Change
			Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(II an ello	ve date, if other than the date of filing:
docume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated_	OCTOBER 23º1, 2019
	Significant of a member or authorized representative of a member
	JOHNATHAN P LEVI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00